



WAIVER AND RELEASE OF CLAIMS

Technon Tactical LLC

2028 Harrison Street. Suite 102. Hollywood, FL 33020

I, _____ (“Releasor”), do hereby apply to use the facility provided by Technon Tactical LLC, and to participate in firearm and airsoft training and self defense instruction (collectively the ”Program”) provided by Technon Tactical LLC, at 2028 Harrison Street. Suite 102. Hollywood, FL 33020 and other training locations to be determined at the time of the event(s).

I do hereby represent that I am 18 years of age or older, that I am in good physical health and free from any disabling physical conditions and further acknowledge that Technon Tactical LLC, its proprietors and instructors are relying upon these representations to allow my participation in the Program.

I do hereby represent that I am aware that any self defense and/or firearms and airsoft training, including the Program, inherently carries the risk of great bodily injury or loss of life. I do hereby voluntarily, and with full knowledge of these risks, agree to participate in the Program.

In consideration for the opportunity to participate in the Program and to use the facilities provided by Technon Tactical LLC, I do hereby forever release Technon Tactical LLC, its proprietors, instructors, agents, employees, servants, successors, assigns, owners of the property where the Program is conducted, as well as their servants, employees, agents, successors and assigns, and other participants in the Program (the "Releasees") from responsibility or liability for any loss, injury or damage, however caused, and do hereby waive, indemnify, remise, release and forever discharge the Releasees for any loss, injury or damage, including loss of life, that I may suffer as a result of my participation in the Program and/or the use of the facilities provided by Technon Tactical LLC. This release is irrevocable.

In the event that I (or my parent or guardian) am unable to do so, I do hereby grant Technon Tactical LLC, its proprietors, instructors, employees, servants or agents, permission to seek out any necessary medical assistance that they deem I may require as a result of participating in the Program, although I understand that there is no obligation upon them to do so.

I do hereby grant permission to Technon Tactical LLC, to record my likeness and voice and forever discharge Technon Tactical LLC, from any liability resulting from recording my likeness or voice during the Program. I further agree that Technon Tactical LLC may use such recordings of my likeness or voice in audiovisual or printed materials for any private or commercial purpose.

This Waiver and Release and all acknowledgments, agreements and representations contained herein shall be binding upon my family, heirs, successors and assigns.

I hereby acknowledge that I have read this WAIVER AND RELEASE OF CLAIMS carefully and understand and agree to its terms.

RELEASOR: _____
Signature Date

Please Print Name: _____

Address: _____

Telephone: _____ Cell Phone: _____ E-mail: _____