



**WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT  
AND CONSENT TO MEDICAL TREATMENT**

Technon Tactical LLC / Systema Miami  
2028 Harrison Street, Suite 102  
Hollywood, FL 33020

I, \_\_\_\_\_ [*name of parent*], certify that I am the parent or legal guardian of \_\_\_\_\_ [*name of child*], who is a minor. As consideration for my child being allowed to participate in the programs and activities offered at **Technon Tactical, LLC**, I agree to release, waive, discharge, and covenant not to sue **Technon Tactical, LLC** along with its officers, directors, board members, supervisors, agents, servants or employees, proprietors, instructors, agents, employees, servants, successors, assigns, owners of the property where Technon Tactical, LLC's training is conducted, as well as their servants, employees, agents, successors and assigns, and other participants in the Program (collectively referred to here as "Releasee") from any and all liabilities, claims, demands, or causes of action that may arise from or be related to any loss, damage, or injury, including death, that may be sustained by my child or my child's personal property while my child is participating in **Technon Tactical, LLC's** programs or activities or while my child is on or around **Technon Tactical, LLC's** premises. This release is irrevocable.

To the best of my knowledge, my child is in good physical condition and I have no knowledge of any physical condition, injury, or illness whatsoever which would place my child at risk to participate in Technon Tactical, LLC's programs and activities. I further acknowledge that Technon Tactical LLC, its proprietors and instructors, are relying upon these representations to allow my child's participation in the Program.

I am fully aware of the risks connected with participating in the programs and activities at **Technon Tactical, LLC**. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, that my child may sustain as a result of participating in **Technon Tactical, LLC's** programs and activities, however caused. I further agree to indemnify and hold harmless the Releasee from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to my child's participation in **Technon Tactical, LLC's** programs and activities, however caused.

While my child is attending any **Technon Tactical, LLC**, event, I give permission for the staff of **Technon Tactical, LLC**, to administer appropriate medical attention to my child in the event of any accident, illness, or injury, although I understand and agree that there is no obligation for them to do so. I will be responsible for any and all costs of medical care and treatment that may be provided, except for care and treatment covered by my insurance. This instrument shall be binding upon the



members of my family, my spouse, and my heirs, assigns and personal representatives. This instrument shall be governed by the laws of the State of Florida.

I do hereby waive and forever discharge Technon Tactical LLC, from any liability resulting from recording my child's likeness or voice during the Program and 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.

I certify that I have read and fully understand the above waiver and consent form. I certify that I am signing this form freely and voluntarily and that I understand that by signing this form I am giving up substantial rights. I certify that all blanks or statements requiring insertion or completion were filled in before I signed.

RELEASOR: \_\_\_\_\_  
Signature Date

Please Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_



**MEDICAL AND PERSONAL EMERGENCY**

**YOUR NAME:** \_\_\_\_\_

In the event of a medical or personal emergency which might occur at any time, **I hereby authorize and instruct the following individual be contacted, as soon as possible:**

**THE PERSON TO CONTACT IN CASE OF AN EMERGENCY IS:**

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address State/Prov. Zip Code

\_\_\_\_\_  
Country

Relationship to Participant: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell or Pager: \_\_\_\_\_ email: \_\_\_\_\_

I suffer from the following allergies, ailments or other physical or medical conditions which could adversely impact my health during the trip. Next to each I have written the medication which will relieve that condition and shall have sufficient supplies of it with me at all times during the trip. I have used the back of this page for additional space as needed.

Allergies or Other Conditions

Appropriate Medication

In the event of a medical or personal emergency I authorize and instruct that the above person be contacted as soon as possible; I further authorize the representatives of Technon Tactical LLC to make any decisions, including medical decisions, on my behalf until such time as the person I have designated above can be contacted. I specifically waive and release any and all such persons from any liability for the medical decisions made on my behalf, and all other terms and conditions of the general Waiver, Release from Liability and Indemnification Agreement shall apply, and govern, my this waiver and release, contained herein.

Print Your Name: \_\_\_\_\_ Date \_\_\_\_\_

Sign Your Name: \_\_\_\_\_