



# TACTICAL SECURITY/SAFETY TECHNIQUES ENTERPRISES, INC.

PO Box 4794 • Poughkeepsie, New York 12602

1-914-204-6373

(Session(s) / Seminar Form)

NAME OF ORGANIZATION: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS: (Work [ ] or Home [ ]) \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: (Cell) \_\_\_\_\_ or (Home) \_\_\_\_\_

PRIOR EXPERIENCE:	PLEASE LIST ANY INJURIES OR MEDICAL PROBLEMS:
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### WAIVER AND RELEASE:

*I, the undersigned, promise to learn Defensive Techniques from the Tactical Security/Safety Techniques Enterprises, Inc. session(s)/seminar and I swear that I will only apply them in the means demonstrated by the instructor(s). I understand that this training I participate in may be hazardous. I am participating in this (session(s)/seminar) under my own power and free will. I will hold T.S.T. Enterprises, Inc. harmless for any injuries, which I may sustain during this (session(s)/seminar). I understand that no training will prevent me from occurrences or crimes and that whatever defensive action I choose to take in the future will be at my own risk. I do not suffer from any physical, mental or emotional conditions which would preclude my safe participation in this program or which would endanger any other participants or instructor(s). I further agree to hold T.S.T. Enterprises, Inc. harmless for any injuries which I may cause to other participants during this session(s)/seminar program.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_   
 (If a Certificate applies, please print your name the way it should appear.)

----- DO NOT WRITE BELOW THIS LINE -----

Date of Seminar: \_\_\_\_\_  
Amount Due: \$ \_\_\_\_\_

Paid by:  cash  check #: \_\_\_\_\_  
 other: \_\_\_\_\_