

## **Liability Waiver**

Date .	/	1
Date	/	/

First Name			Last Name		Gender M/F
Phone ()		Address			
City		State	Zip Code ַ	Birth Dat	e/
E-Mail				Occupation	
WAIVER AND	RELEASE OF LIABILITY	<b>/</b> :			
claim, injury, c children, captu the Training Zo	damage or liability su ured during regular a	istained or incurred l nd special activities, erial publications and	oy myself resultii through video, c d website. I waiv	ng there from. I hereby give p amera and digital camera, to	not be liable for any and all los permission for images of myself of be used solely for the purposes of or ownership thereto. Last name
Guest Signa	ture				
Parent or G	uardian Signature	(if under 18 years of age)	-		
How Did Yo	u Hear About Our	Facility?			
☐ FLYER	☐ GUEST PASS	□ EVENT	☐ ADVERTISE	MENT	
☐ DRIVE BY	☐ INTERNET/FB	☐ DIRECT MAIL	☐ REFERRED	вү	