



Urban Survival Craft

8567 Coral Way #183

Miami, FL. 33155

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Waiver of Liability and Informed Consent

"I, _____, have enrolled in the personal protection, self-defense, or survival training program offered through Urban Survival Craft. I recognize that the program may involve strenuous physical activity and other various fitness demanding activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in these programs. I acknowledge that my enrollment and subsequent participation in purely voluntary and in no way mandated by Urban Survival Craft. I further understand that some courses require the use of training equipment that may be dangerous.

"In consideration of my participation in this program, I hereby release Tony Torre and Survival Craft their officers, agents, servants, or employees (hereinafter collectively referred to as RELEASEES) from any claims, demands, and causes of action as a result of my voluntary participation and enrollment." "I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I hereby release Urban Survival Craft and its RELEASEES from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, bruises, cuts, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

I hereby acknowledge that I have been advised to consult with a physician with respect to any past or present injury, illness, health problem or any other condition that may impact my ability to participate in the Activities and that I have received assurances that I deem appropriate for such participation from a qualified Health Care provider. Furthermore I understand that it is my responsibility to monitor my physical performance and ability during any activity. In the event of a medical problem, I further recognize that Tony Torre and Urban Survival Craft and its officers, agents, servants, or employees do not carry any liability insurance and therefore any medical care that may be required is at my own personal financial responsibility.

I HEREBY AFFIRM THAT I have fully understood the document and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

(Participant Signature)

(Date)

If Participant is under the age of 18, Parent/Guardian consents to the minor's participation in the said activity.

(Parent/Guardian Signature)

(Date)

Photo release:

I DO / DO NOT (*Circle One*) consent to and authorize the use and reproduction of any photographs and any other visual and audio material taken of me for promotional use and or educational material.

(Participant Signature)

(Date)

Emergency Treatment Consent:

I DO / DO NOT (*Circle One*) consent to receive basic emergency medical care and treatment by an instructor or staff member should I become sick or injured during field training.

(Participant Signature)

(Date)

Additional Information:

(Print Name/ Participant)

Male ___ Female___
(Gender)

(Age)

-----'-----''
(Height)

-----Lbs.
(Weight)

----- If Known
(Blood Type)

(Address)

----- (City) ----- (State) ----- (Zip Code)

(Email Address)

(Cell Phone #)

(Allergies)

(Medications)

(Other special requirements you may want to disclose to instructors)

Emergency Contact Information:

(Print Name)

(Relation)

(Address)

----- (City) ----- (State) ----- (Zip Code)

(Email Address)

(Primary Contact Phone #)

Parent /Guardian Contact Information: (If under 18)

(Print Name)

(Relation)

(Address)

----- (City) ----- (State) ----- (Zip Code)

(Email Address)

(Cell Phone/ Other #)