

# I.A.T.T.S. - International Academy of Tactical Training Systems

129 - 2nd Ave. N Saskatoon SK S7K 2A9 Ph. 306-975-1995

## Release

### Notice to participants exclusion of liability

**Assumption of risk: by signing this document you agree to waive certain legal rights, including the right to sue.  
(Please read carefully before signing)**

The undersigned hereby acknowledge that there is a risk of illness, personal injury, death, or property loss inherent in my participation in the Training Session(s) to be conducted by the I.A.T.T.S-INTERNATIONAL ACADEMY OF TACTICAL TRAINING SYSTEMS on ("The Training Program").

In consideration of I.A.T.T.S-INTERNATIONAL ACADEMY OF TACTICAL TRAINING SYSTEMS accepting me as a participant in the Training Program and as a condition of my participation in the Training Program, I hereby accept and assume all risk of illness, personal injury, death and property loss resulting from any cause whatsoever including but not limited to the risk of participating in the Training Program, negligence (including gross negligence), breach of contract, and breach of statutory duty of care on the part of I.A.T.T.S- INTERNATIONAL ACADEMY OF TACTICAL TRAINING SYSTEMS, its directors, officers, employees, agents and associates, and on the part of those persons acting as instructors or assistant instructors in connection with the training program, and on the part of the promoters and sponsors of the training program, and on the part of the other participants in the training program. I further agree that the aforesaid persons and their directors officers, employees and agents shall not be liable for any such illness, personal injury, death or property loss and I hereby release all of the said persons, their directors, officers, employees and agents of and from all manner of actions and causes of action which I may have as a result of my participation in the Training Program. I further agree that this release shall bind my heirs, executors, administrators and assigns.

I further agree to indemnify and hold of the aforesaid persons harmless from any and all liability for any personal injury or property damage resulting from my participation in the Training Program.

I also confirm that I am not suffering from any illness or disability that would effect my participation in the Training Program and that I have obtained any medical examinations or medical advice that might be required in order to reduce my risk of participating in the Training Program.

I further acknowledge that the Training Program is not an instructors course and that completion of the Training Program will in no way qualify me to teach to third parties the techniques taught or demonstrated during the Training Program and I hereby agree that I will not endeavor to teach the said techniques to any third parties.

Permission is hereby given to I.A.T.T.S- INTERNATIONAL ACADEMY OF TACTICAL TRAINING SYSTEMS to take and use video, audio, and photographic records of my participation in the Training Program for promotional purposes.

You may cancel this contract at any time within fourteen days after you signed it by sending a registered letter, telegram, or notice by personal delivery to the above address. Any termination after fourteen days of participation by students does not entitle the student to refunds of training fees in whole or in part. In signing this release, I agree to abide by the set conduct code and the rules and regulations as established by BRAD HUTCHINSON, I.A.T.T.S- INTERNATIONAL ACADEMY OF TACTICAL TRAINING SYSTEMS.

IF YOU HAVE NOT READ OR ARE NOT WILLING TO ACCEPT THE CONDITIONS AND TERMS SET OUT ABOVE, THEN DO NOT SIGN THIS RELEASE.

I have read and understand the terms and conditions of this release and agree thereto signed at the city of Saskatoon in the province of Saskatchewan this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

Signature: \_\_\_\_\_  
(If under 18, parent or guardian must sign)

## Student Information

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

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

Health Conditions:

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\_\_\_\_\_