



**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) \_\_\_\_\_

<b>PRIOR EXPERIENCE:</b>     	<b>PLEASE LIST ANY INJURIES OR MEDICAL PROBLEMS:</b>     
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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: \_\_\_\_\_