

Release and Waiver of Liability

The undersigned acknowledges that the reaction to, possession of, and/or use of firearms is potentially dangerous, and involves risk of serious personal injury, death, psychological trauma, and/or other personal and financial liability. The undersigned agrees to assume all risk and waives any and all claims of liability for personal injury, death, psychological trauma, and/or other personal or financial loss.

Photo/Video Consent

I hereby consent to the recording of statements, photographs, and/or audio or video recordings taken of the Minor or me by **Stay Frosty Defensive Tactics LLC** or its contractors. All statements, photographs, and/or audio or video recordings taken of the Minor or me, by **Stay Frosty Defensive Tactics LLC** or its contractors, may be used by **Stay Frosty Defensive Tactics LLC** for promotional, commercial or other purposes as determined by **Stay Frosty Defensive Tactics LLC** anywhere in the world in its sole discretion. Neither the Minor nor I shall have any right to control the use or publication by **Stay Frosty Defensive Tactics LLC** or video recordings. All statements, photographs, and/or audio or video recordings taken of the Minor or me by **Stay Frosty Defensive Tactics LLC**. Neither **Tactics LLC** or its contractors, shall be the sole property of **Stay Frosty Defensive Tactics LLC**. Neither the Minor nor I shall receive any compensation in connection with use of these statements, photographs, and/or audio or video recordings for promotional, commercial or other purposes.

On behalf of the Minor and myself, I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the statements, photographs, and/or audio or video recordings against **Stay Frosty Defensive Tactics LLC** or any person or firm authorized by **Stay Frosty Defensive Tactics LLC**.

I have read this document and I understand that I surrender rights on behalf of the minor and myself (including rights relating to publicity and privacy with respect to the commercial use of any statements, photographs, and/or audio or video recordings)

I SIGN THIS RELEASE & CONSENT VOLUNTARILY.

| Name of Student (please print): | | Age (of minor) |
|--|-------|----------------|
| Name of Student/ Parent/Guardian (please print): | | |
| Emergency Contact | Phone | |
| Student's Signature: | | |
| Student/Parent/Guardian's Signature: | | |

WEBSITE: <u>www.FosterStayFrosty.com</u> *EMAIL: <u>stayfrostydeftac@gmail.com</u> * IG@ Stay_Frosty_Defensive_Tactics