**Health and Safety Disclaimer for HALO TACTICAL**

**STUDENT PARTICIPATION**

Dear Student/Parents/Guardians,

We are excited to welcome you to our HALO Tactical training.

Ensuring the safety and well-being of our students is our utmost priority. Please carefully read the following health and safety guidelines:

1. **Physical Condition:** It is essential that participants are in good physical condition and free from any medical conditions that may be aggravated by physical activity. If you has any pre-existing medical conditions or injuries, please inform the instructor before the class.
2. **Informed Consent:** By participating in our training, you are acknowledging that there are inherent risks involved in physical activities, including but not limited to, bruises, sprains, strains, and more serious injuries. You understand and accept these risks.
3. **Protective Gear:** All participants must wear appropriate protective gear during training sessions, as directed by our Course Instructors. Failure to do so may result in refusal of participation.
4. **Hydration and Nutrition:** We encourage you to stay hydrated before, during, and after the class. Additionally, please ensure they have had a nutritious meal prior to training to maintain energy levels.
5. **Supervision:** Our instructors will provide supervision during throughout all training sessions. However, it is important to note that they cannot be held responsible for accidents or injuries that occur due to lack of adherence to safety instructions or reckless behaviour.
6. **Emergency Procedures:** In the event of an injury or emergency, appropriate first aid will be administered immediately. Nominated emergency contacts will be contacted promptly, and if necessary, emergency services will be called.
7. **Graphic Content:** As part of our training curriculum aimed at educating and informing students about self-defence techniques and real-world scenarios, we may use graphic content such as images and videos displaying acts of violence and injuries caused. This content is intended to provide practical insight into self-defence strategies and enhance awareness. By participating in our classes, you acknowledge and understand that they may be exposed to such graphic content.

**Student/Parent/Guardian Acceptance:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have read and understood the health and safety guidelines outlined above.

Student signature (Parent/Guardian if under 18 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Full Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Scheduled Course Date/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and return this form to confirm your acceptance of the above terms.

Sincerely,

The HALO TACTICAL Team

**PRIVATE & CONFIDENTIAL**

**Student Medical and Conditions Notification Form**

Dear Student/Parents/Guardians,

Ensuring the safety and well-being of every student participating in our classes is our top priority. To provide the best possible experience and care for your child, we kindly request that you notify us of any medical conditions, allergies, or other relevant information that may impact their participation in our classes.

Please fill out the following form accurately and completely. Your cooperation in providing this information will enable us to tailor our instruction and support to meet the needs of your child effectively.

**Student Information:**

**Student's Full Name:**

**Age:**

**Parent/Guardian Name(s) - if under 18 years:**

**Contact Email:**

**Emergency Contact Phone Number:**

**Next of Kin:**

**Medical Information:**

Please indicate any medical conditions, allergies, or other health-related concerns that we should be aware of. If none, please write "None."

**Medical Conditions:**

**Allergies (Food, Medications, Insect Stings, etc.):**

**Current Medications (if any):**

**History of Injuries or Surgeries we need to be aware of:**

**Any Physical Limitations or Disabilities:**

**Emergency Contact Information (Other than Parent/Guardian):**

**Additional Information:**

Please use this section to provide any other relevant information about your child that you believe would be beneficial for us to know. This may include behavioural considerations, learning styles, or any other factors that may impact their participation in our classes.

**Consent and Acknowledgement:**

I, the undersigned certify that the information provided in this form is accurate and complete to the best of my knowledge. I understand that this information will be kept confidential and shared only with instructors and staff directly involved in the care and instruction of my child during our courses.

Student signature (Parent/Guardian if under 18 years): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this form to HALO TACTICAL prior to participation. If there are any changes to the information provided, please notify us immediately to ensure that we can continue to provide the best possible support and care.

Thank you for your cooperation.

Sincerely,

The HALO TACTICAL team