

Please PRINT
and fill out this
form neatly



ACTION DEFENSE

Firearm & Personal Safety Training

ENROLLMENT INFORMATION

*Date(s) of Class _____ My Instructor's Name is: _____

*Name: (PRINT) _____

*Address (PRINT) _____

*City, State, Zip (PRINT) _____

*Phone _____ Email Address _____

WUD / WEAPONS UNDER DISABILITY CHARGE

Having a Weapon While Under Disability or WUD charge is a F3 Gun Crime under Ohio Law. A gun is a firearm under Ohio law. "Firearm" includes an unloaded firearm, and any firearm that is inoperable but can readily be rendered operable. I certify that I do not have a WUD. I am not a fugitive from justice, or under indictment. I have not been convicted of a felony, misdemeanor or any crime that would dissolve my ability or legal right to attend this training. I am not drug or alcohol dependent, or under the influence of drugs or alcohol. I am not under adjudication of mental incompetence; I have not been convicted for domestic violence.

Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY

The undersigned acknowledges that the reaction to, possession of, and/or use of, and /or the training in the subject matter of ☐ Firearms, ☐ Conductive Energy Weapons (PhaZZer/Taser), ☐ Tactical Baton, ☐ Oleoresin capsicum (OC/Pepper) Spray, ☐ Handcuffing, and ☐ all Self Defense and/or Subject Control Techniques or Weapons 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 risks and waives any and all claims of liability for personal injury, death, psychological trauma, and/or other personal or financial loss.

Signature: _____ Date: _____

PHOTO RELEASE

I grant ACTION DEFENSE LLC, its representatives and employees the right to take photographs of me and my property in connection with the above identified subject. I authorize ACTION DEFENSE LLC, its assignees and transferees to copyright, use and publish the same in print and or electronically.

I agree that ACTION DEFENSE LLC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, social media and web content. I authorize the use of these images without compensation to me.

Choose one: ☐ I AGREE to the above photo release ☐ I OPT OUT – I am responsible for notifying the camera operator of my opt-out status, and/or removing myself from any event where cameras are in use.

Signature: _____ Date: _____