Liability Waiver for Self-Defense, Medical, Survival, and Firearm Training

I, [ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ], acknowledge that I am participating in self-defense, medical, survival, and firearm training activities provided by Coach K’s Training LLC. I understand that these activities involve inherent risks and that I am solely responsible for my own safety and well-being while participating.

I hereby assume all risks, whether known or unknown, associated with participating in these activities. These risks may include, but are not limited to, physical injuries, property damage, and emotional trauma.

I acknowledge that the training provided by Coach K’s Training LLC is intended to teach me how to defend myself, provide medical assistance, and survive in emergency situations. I agree to follow all safety instructions and guidelines provided by Coach K’s Training LLC and its instructors.

I understand that Coach K’s Training LLC and its instructors are not responsible for any injuries or damages that may occur during the training activities. I hereby release Coach K’s Training LLC its officers, directors, employees, agents, and instructors from any and all liability for any injuries, damages, or losses that may arise from my participation in these activities.

I understand that Coach K’s Training LLC is not responsible for any injuries or damages that may occur due to my own negligence or failure to follow safety instructions. I agree to indemnify and hold harmless Coach K’s Training LLC, its officers, directors, employees, agents, and instructors from any and all claims, damages, or losses that may arise from my participation in these activities.

I certify that I am physically and mentally capable of participating in these activities and that I do not have any medical conditions that would prevent me from doing so. I also certify that I am legally allowed to possess and use firearms in accordance with all applicable laws.

By signing below, I acknowledge that I have read and understood this liability waiver and that I am voluntarily participating in these activities.

Participant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Respectfully,

Kealii Kaapana

Cell: 714-724-8705

https://www.coasttacticaltraining.com/coach-k