



APPLICATION FORM PART A

Acknowledgement of assumption of risk

I wish to enrol as a student of Tactical Conflict Solutions. I do this under my own free will and recognize that this pursuit comes with inherent risks, which are disclosed within this document.

Personal Details:

First Name:

Surname:

Gender: M / F

Occupation:

Name & Address of Employer:

Please disclose special dietary requirements including food allergies beneath:

APPLICATION FORM PART B

1. During this course you will participate in: -
 - a) Training exercises and role-plays, which will involve physical exertion.
 - b) Bodily contact with other participants and instructors.
 - c) Bodily contact with training equipment including but not limited to punching bags, focus mitts, partner held shields and other self-defence training specific equipment.
 - d) Exposure to offensive language and simulated threatening behaviour.
 - e) Exposure to defensive techniques including holds, strikes releases and for certain courses, the exposure to impact weapons (batons and improvised batons) and simulated bladed weapons (wooden and rubber knives).

Do you clearly understand the meaning of points (a - e)? YES / NO



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2. Because of the nature of the consequences arising out of points (a - e) you will need to disclose to us any physical or mental illness relevant to your participation in this program. Please answer all questions with a YES or NO (circle as appropriate), if you are not sure answer YES.

Do you suffer from any physical or mental disability that may affect your participation in this course, including:

- a) Could you be pregnant: YES / NO
- b) Do you regularly take prescription medication, or have you ever suffered from high cholesterol, cardio vascular condition (including heart attack or stroke): YES / NO
- c) Do you, or have you ever, suffered from asthma: YES / NO
- d) Do you, or have you ever, suffered from any respiratory disease or condition: YES / NO
- e) Do you have, or have you ever suffered from, any mental health condition, personality disorder or anxiety or similar condition: YES / NO
- f) Do you, or have you ever, suffered from any epilepsy, seizures or convulsions: YES / NO
- g) Do you, or have you ever, suffered from blackouts or fainting: YES / NO
- h) Do you have, or have you ever suffered from diabetes: YES / NO
- i) Do you have, or have you ever suffered from ear disease or ear injury: YES/ NO
- j) Do you wear spectacles or contact lenses: YES / NO
- k) Do you have, or have you ever suffered from any other condition or circumstance about which you should inform us: YES / NO

3. Details (in respect of any question answered "YES" above)

I fully understand the meaning of points 1,2,3 and 4 in this application form.

I have answered all questions truthfully and to the best of my knowledge.

I should like to enrol in the indicated training program.

Refusal / Failure to sign will result in not participating in the indicated training program.

Signature of applicant:

Date:



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APPLICATION FORM PART C

ACKNOWLEDGEMENT OF ADVICE AND CONFIRMATION OF ASSUMPTION OF RISK

Please read this carefully, complete the form **IN CLEAR HANDWRITING STYLE** and initial each paragraph before signing.

I (name):

do solemnly and sincerely declare as follows:

There are no restrictions that prevent my participation in this self-defence course. I acknowledge that I am aware of the inherent risks of undertaking training with Tactical Conflict Solutions. In particular, I acknowledge that I have been advised of the following:

1. That the majority of my course and all relevant examinations will involve physical exertion and body contact with my instructors and other trainees.
2. That the majority of my training and all relevant examinations will involve the use of physical management techniques and or equipment capable of causing injury or death to myself and other persons.
3. I understand that the techniques taught by Tactical Conflict Solutions are to be used for defensive purposes only.
4. I understand that I must not participate in this training course or any examination while under the influence of intoxicating liquor and or drugs (other than that prescribed by a medical practitioner).
5. I further acknowledge that my attendance at training is at the discretion of the instructor and that he or she may dismiss me from the class if my behaviour, attitude or actions are considered dangerous, inappropriate or distracting to other candidates.
6. I further acknowledge that I am aware of the risks associated with the training and examination procedures conducted by Tactical Conflict Solutions. I still wish to undertake Aggression Prevention and Management training with Tactical Conflict Solutions and its instructors, and hereby release and hold harmless, Tactical Conflict Solutions, its proprietors, servants and agents and all persons involved with my training, from any suit, demand or claim arising as a consequence of death or injury received by me or caused to other persons by me during my participation in the said course or examination.
7. I further acknowledge that this document may be relied upon in any proceedings instituted in any Court by me or my heirs, executors and assigns.

Signature of applicant

Date:

Signature of witness

Date: