

Medical Consent and Waiver

I, _____, am an adult over the age of eighteen and there are currently no Court Orders, Medical Conditions or other conditions in affect that would prohibit me from providing consent on my own behalf.

I hereby authorize Shannon Taylor Tactical, their representatives, employees, and any agent thereof (hereinafter “the Company,”) to provide first aid to me should it become necessary while on their property or participating in trainings or classes provided by the Company. I waive any claims against the Company that may arise as a result of the administration of first aid, and agree to hold the Company harmless therefrom.

My preexisting medical conditions or allergies are as follows (if non, write “NONE”):_

I further authorize the Company to call for emergency medical assistance on my behalf should I need it, and I accept all responsibility for any cost associated therewith.

Signed this ___ day of _____, 20__.

Printed Name

Date

Witness