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**RELEASE**

**Active Shooter Training**

I, the undersigned, hereby acknowledge to Davenport University, and its staff – including all Instructors, the following:

I recognize that Active Shooter training is physically intense, and that possible injury is inherent in the training program.

A certain level of physical fitness and ability is required in order to minimize potential risk of injury. I further understand that it is my responsibility to make decisions regarding my ability to participate, and consult my personal physician with any questions or concerns PRIOR TO participation in the Active Shooter training program.

I am aware that Davenport University offers the Active Shooter training program as a voluntary opportunity, and my participation is not required or expected as a condition of my employment or enrollment.

I acknowledge that I am solely responsible for any consequences and costs associated with an injury sustained during this training, including but not limited to medical expenses, lost wages, or damage to personal property.

**I, the undersigned, hereby release Davenport University, and its trustees, officers and employees – including all Active Shooter Program Instructors, to the fullest extent permitted by law and I agree to hold them harmless from any liability for injury or death that may be incurred as a result of participation in the Active Shooter training program.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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