



SABRE Contamination Waiver

SABRE DISCLOSURE, ASSUMPTION OF RISK AND RELEASE FROM LIABILITY

(For use with any SABRE Course and SABRE Voluntary Contamination)

BEFORE any SABRE Course or voluntary contamination, each participant must read, initial, and sign this form.

Important Safety and Health Information

Read, understand, and follow all current instructions, warnings, and relevant SABRE training materials when participating in a SABRE Training Course (SABRE Courses) and BEFORE a SABRE Contamination. Failure to do so could increase the risk of serious injury to you, other participants or your instructor.



Disclosure of Risk

SABRE Courses are physically strenuous and there is a risk of personal injury to participants. SABRE Courses includes physical activities and voluntary contamination by SABRE CS Tear Gas (CS), SABRE Pava, SABRE Oleoresin Capsicum (OC) or SABRE CS+OC that can cause the physiological symptoms discussed below. This document incorporates all current SABRE Warnings by reference. This document is effective September 1, 2022 and supersedes all prior revisions.

• PHYSIOLOGICAL SYMPTOMS

SABRE contamination causes physiological symptoms that may increase the risk of SERIOUS INJURY or DEATH, including: Tingling skin, Burning skin, Skin redness, Skin swelling, Burning throat, Dry cough, Wheezing, Restriction of deep lung breathing, Gaspings, Gagging, Inability to speak, Laryngospasm, Sneezing, Nasal irritation, Runny nose, Increased blood pressure, Headache, Eye redness, Eye swelling, Eye burning, Eye inflammation, Tearing eyes, Blepharospasm, and Restriction of vision.

• PREEXISTING MEDICAL CONDITIONS

To prevent SERIOUS INJURY or DEATH, DO NOT participate in any SABRE Contaminations if you have:

- Epilepsy
- Heart Problems
- Respiratory/Lung Conditions
- Eye Disorders & Other Medical Issues
- Diabetes
- High Blood Pressure
- Aneurysms

• PSYCHOLOGICAL SYMPTOMS

Stress, anticipation of use, use, pain, or other psychological response to contamination from SABRE

Irritants may result in SERIOUS INJURY to some individuals, including those with the preexisting medical conditions listed above.

If you have a preexisting medical condition or injury that could be aggravated by participating in the SABRE course or receiving a SABRE contamination, NOTIFY your instructor and DO NOT PARTICIPATE.

Please acknowledge your agreement with the following by initialing the boxes next to each statement:

I am currently deemed "fit for duty" by my agency/employer.	
I want to receive a voluntary SABRE Contamination.	
I do NOT have any preexisting medical conditions or injuries that could be aggravated by voluntary contamination.	
I understand the risks associated with receiving a voluntary SABRE Contamination and fully assume all risk.	

Liability Release Agreement

• Assumption of Risk

I have read, understand, and accept the risks as stated in this document and Security Equipment Corporation's (SEC) current SABRE Warnings ("risks") and that these risks exist whether or not I have preexisting medical conditions or injuries. With full knowledge of these risks, I voluntarily agree to participate in a SABRE Course.

I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS INCLUDING, ANY SYMPTOM OR CONDITION WHICH MAY RESULT OR CONTRIBUTE TO SUDDEN DEATH OR SERIOUS INJURY.

• SABRE Contaminations are Voluntary

SEC DOES NOT require a SABRE Contamination as a condition for Instructor or User Certification. Each agency/employer must determine whether its instructors and users experience a SABRE Contamination as part of training. If SABRE Contamination is performed, it should ONLY be performed in accordance with SEC's guidelines.

• Certification

I certify that I am over 18 years of age.



I also certify that I do not have any of the following medical conditions: AIDS, HIV, HEPATITIS, HEMOPHILIA, EPILEPSY, HEART CONDITIONS, HIGH BLOOD PRESSURE, RESPIRATORY OR LUNG PROBLEMS, DIABETES, EYE DISORDERS, ANEURYSMS, OR ANY MEDICAL CONDITION(S) THAT COULD BE AGGRAVATED, TRIGGERED OR TRANSMITTED BY PARTICIPATING IN THE SABRE CONTAMINATION, OR ANY OTHER DISEASE(S) OR CONDITION(S) COMMUNICABLE BY BLOOD OR SKIN CONTACT.

I also certify that I am not hypersensitive to pain, that I do not suffer from fainting spells or dizziness, and that I am voluntarily participating in the SABRE Contamination.

Signed _____

Print Name _____

Agency _____

This signed form shall be retained by the agency or employer for the duration of the student's employment or longer as deemed necessary. We also request that the signed form be emailed to SEC, together with any questions. E-mail: PublicSafety@SabreRed.com

I VERIFY MY AGREEMENT WITH THE STATEMENTS ABOVE BY PLACING MY INITIALS HERE.	
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• Release

As consideration for SEC permitting me to participate in a SABRE Course, I hereby release SEC from all actions, any and all claims, including but not limited to claims for strict liability, breach of warranty, failure to warn, or any other theory of liability whatsoever that I, my assigns, heirs, and legal representatives now have or may have in the future for any loss or damage resulting from my participation in a SABRE Course. I specifically waive any statutory rights I may have regarding the release of unknown claims.

This agreement is a binding contract.

I intend this form be legally binding upon me, my heirs, executors, administrators, attorneys, and assigns. This agreement is contractual and not a mere recital. If any part of this agreement is held vague, invalid, or otherwise unenforceable, the rest of the agreement will continue in full force and effect.

Knowing and Voluntary Execution

I affirm that I am competent to enter into and to be bound by this agreement; that I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT THAT IS BINDING. I HAVE SIGNED THIS CONTRACT OF MY OWN FREE WILL. I have not been induced to sign this agreement by any promise or representation.

By signing this document, I understand that I am giving up certain legal rights, including the right to recover damages in case of injury.

Executed on _____, 202__