

# LEGAL DECLARATION

I ..... *Name*  
..... *Date and place of birth*  
..... *Passport or ID number*  
..... *Drivers license number*  
..... *Health Insurance Number*

declare, my mind and body completely healthy and I am fully aware, that the **special security training** I attend requires obeying all of its special safety regulations (rules), as the training will be very stressful for me both physically and mentally.

I acknowledge above all this:

- that because of the full contact, defensive practices, situations and the realistic nature of the training, I can suffer external injuries, for which neither the educational institute, organization, nor the instructor can take responsibility.
- that I will be held accountable for the possible damages and consequences caused by not obeying the safety regulations during the course both financially and legally.
- that I will not give the acquired knowledge, said information to a third party neither in verbal, nor in written or any other documented form, because these skills and information are protected property of the PSA-Academy.
- I approve that during the training period, sound, image and video recordings can be made and these recordings can be used on trainings and other publicity and promotion measures by PSA International Co. and its training institute, the PSA Academy. (E.g. Brochure, Social medias like facebook, twitter, linkedin etc., and any other media)

I certify, that the data given above is true and that I participate in the training at my own risk and with full awareness of the things written above, which I testify with my signature in this present statement. I allowed and contribute to my data management.

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

.....  
Declaration setter

.....  
PSA International Co.  
PSA ACADEMY

Witness name : \_\_\_\_\_

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

ID or Passport number : \_\_\_\_\_

OFFICE USE ONLY

Witness name (2.) : \_\_\_\_\_

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

ID or Passport number : \_\_\_\_\_