



Defender Task Force, LLC.
2220 County Road 210 West
Suite 108-157
Jacksonville, FL 32259

Phone: (904) 240-4580
Fax: (904) 240-4581
E-mail: shield@defenderrescue.org



"To Loose the Chains of Injustice and Set the Oppressed Free"

AGREEMENT TO WAIVER OF CLAIMS AND LIABILITY RELEASE

In consideration of his/her acceptance as a Participant, Contractor, and/or a volunteer in Defender Task Force, LLC Shield Teams (hereafter also known as the "Shield Teams"), the undersigned Participant (hereafter "Participant") agrees to the following Waiver of Claims and Liability Release (hereafter the "Waiver and Release"), which will cover events occurring from the time the Participant commences his/her participation in the Shield Teams until the termination of his/her participation therein.

CONFIDENTIALITY

1. All data, materials, knowledge and information generated through, originating from, or having to do with the Defender Task Force, LLC or persons associated with our activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party.
2. All pages, forms, information, designs, documents, printed matter, policies and procedures, training materials, outlines and manuals, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of the Defender Task Force. This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.



The Defender Foundation, Inc. USA.
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3. Victim information, including all file information, is not be disclosed to any third party, under any circumstances, without the consent of the Defender Task Force, LLC Leader that is supervising you and the Commander of your Shield Team. Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by the Defender Task Force, LLC and any applicable laws.

WAIVER OF CLAIMS AND LIABILITY RELEASE

It is the intent of the undersigned Participant and each of their respective affiliates, officers, directors, agents, sponsors (including, but not limited to the Defender Task Force, LLC.) and employees, to hold exempt from any claims or liability to the fullest extent possible under the law, as such the undersigned hereby agrees as follows:

1. I UNDERSTAND AND HEREBY ACKNOWLEDGE THAT PARTICIPATING IN THE SHIELD TEAMS HAS CERTAIN INHERENT RISK ASSOCIATED WITH DUTIES AND/OR SITUATIONS THAT MAY BE ENCOUNTERED. THESE INCLUDE BUT ARE NOT LIMITED TO SERIOUS BODILY INJURY, THREATS AND UP TO AN INCLUDING DEATH, AND OUR WAIVER AND RENUNCIATION OF CLAIMS IN THIS AGREEMENT EXPRESSLY APPLY TO ANY BODILY INJURY, DAMAGE, PSYCHOLOGICAL OR ACCIDENT THAT MAY BE SUFFERED BY PARTICIPANT OR OTHERS RESULTING FROM THE PARTICIPANT'S PARTICIPATION IN THE SHIELD TEAMS OF THE DEFENDER TASK FORCE, LLC., OR PARTNER ORGANIZATIONS ASSOCIATED.



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2. I the undersigned, as a Participant in the Shield Teams, hereby waive and renounce any claims against the Defender Foundation, LLC by my participating in the Shield Teams, including without limitation any claims based on negligence, for any injury to the Participant or others, loss damage, sickness, accident, delay, or expenses of any kind whatsoever resulting from the Participant's participation in the Shield Teams.

3. I also agree to hold harmless Defender Task Force, LLC from any and all claims arising out of the equipment, vehicles or uniforms supplied by the Defender Task Force LLC or Client, to Participant for use in the Shield Teams, or the equipment, vehicles or other materials used by other Shield Team personnel in implementing the various duties of the Shield Teams.

4. We understand and acknowledge that the Defender Task Force, LLC AND/OR other associated Entities do not guarantee the security or safety of Shield Teams Events, Actions or Operations, or the areas adjacent to and surrounding Shield Team operations sites, or of any areas Participants may traverse on their way to or from areas of operations sites. I release the Defender Task Force, LLC and associated Entities from any and all claims arising out of accidents or events caused by a Participant or third parties not associated with the Shield Teams, which incidents could occur on Shield Team areas of operations, in areas adjacent to or surrounding Shield Team areas of operations, or in areas traversed by Participants traveling to our Shield Team Areas of Operations. We further release the Defender Task Force, LLC and associated Entities from liability for any damage or injury that may occur as a result from the vehicles private or otherwise used to transport the Participant to or from the Shield Team area of operations, facilities or equipment used at the sites.

5. I recognize that the Participant must obey the instructions of the chain of command while being a Participant in Shield Team activities with the only acceptance to this being if the Participant is a duly appointed Law Enforcement Officer in his/her own separate jurisdiction, and may have to act in that capacity. I understand and acknowledge that the Shield Team staff and/or board of ranking officers appointed by the Shield Teams and/or the Defender Task Force, LLC and associated Entities reserve the right to terminate the participation in the Shield Teams of any Participant whose conduct may be considered by Defender Task Force, LLC, in its sole discretion, to be detrimental to, or incompatible with the interests, character, morals and/or security of --



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the Shield Teams or Defender Task Force, LLC and associated Entities. In the event of any such action by The Defender Task Force, LLC, I understand and acknowledge that I will have no right to any compensation or damages from the Defender Task Force, LLC.

6. I further understand that should any medical services be provided or made available to the Participant in connection with his/her participation in the Shield Teams, the provision or availability of which the Defender Task Force, LLC Entities do not guarantee, do not ensure, and do not warrant or make any representation concerning the adequacy or continuation of such medical services, nor can the Defender Task Force, LLC and associated Entities be deemed responsible or held liable for any claims arising out of the provision of such medical services or the failure to provide or to continue to provide such medical services. We also understand that the Defender Task Force, LLC Entities cannot be held liable for any other services provided herein; including without limitation any training, counseling, transportation, or security services and any core course recommendation made by any member associated with the Shield Teams.

7. If any portion of this Waiver and Release is declared invalid or unenforceable by a final judgment of any court of competent jurisdiction, I hereby agree that such determination shall not affect the balance of this Waiver and Release, but this Waiver and Release shall remain in full force and effect, as such invalid portion shall be deemed severable.

8. (For California Residents Only) I hereby expressly waive all rights under Section 1542 of the Civil Code of the State of California, and under any and all similar laws of any jurisdiction. I am aware that said Section 1542 of the Civil Code provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

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also understand that Defender Task Force, LLC may choose to release me from any portion of this Waiver and Release, on the discretion of the Managing Directors.



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Full name of Participant (First and last name)

First

Last

Signature of Participant _____ Date _____

Address _____ City _____

State _____ Zip _____

Phone Number _____

Age as of December 31 _____ Birth-date _____

Email Address _____

