



**DYNAMIC
COMBATIVE
SOLUTIONS**
EFFECTIVE TRAINING FOR A DYNAMIC WORLD

CCW Law & Legal Review



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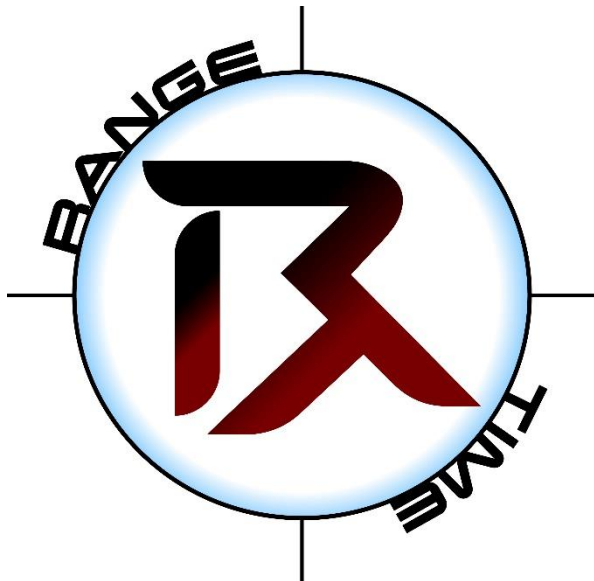


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<https://www.dcs.training/>

TRAINING PARTNERSHIPS



<https://www.rangetimellc.com/>



<https://ravencresttactical.com/>



<http://realitydefense.com/>



<https://firearmslegal.com/>

DISCOUNT CODE/ DCSTraining



<https://thewellarmedwoman.com>



<https://activeselfprotection.com/>



<https://wrightarmory.com/>



<https://attorneysforfreedom.com/>



Protect Yourself, We'll Protect You

If you are forced to use your weapon in self-defense.
Are you prepared for what happens next?

<p>Individual Basic \$9.95 \$109.00 or Monthly Yearly <i>plus one-time setup fee of \$19.95</i></p>	<p>Individual Premium \$19.95 \$219.00 or Monthly Yearly <i>plus one-time setup fee of \$19.95</i></p>	<p>Family Premium \$36.95 \$399.00 or Monthly Yearly <i>plus one-time setup fee of \$39.95</i></p>
<ul style="list-style-type: none"> • Uncapped Attorney Fees • Defense for Criminal Cases • Defense for Civil Cases • Coverage for all Legal Weapons • 24/7 Emergency Attorney Hotline • Local, Specialized Attorneys • Extreme Risk Protection Order -----RED FLAG COVERAGE----- 	<ul style="list-style-type: none"> • Basic Individual Benefits Plus: • Coverage in all 50 States • Bail Bond Protection Up To \$250,000 • Expert Witness / Investigator • Incident Scene Clean-Up • Counseling Support • Lost Wages Reimbursement • Firearm Confiscation Payment • Access to "MY FLP" Mobile App 	<ul style="list-style-type: none"> • Individual Premium Benefits Plus: • Coverage for Spouse • Coverage for Minors 17 and under
<p>Online Pricing \$14.95 \$179.00 or Monthly Yearly</p>	<p>Online Pricing \$24.95 \$299.00 or Monthly Yearly</p>	<p>Online Pricing \$39.95 \$479.00 or Monthly Yearly</p>
\$70 savings per year	\$80 savings per year	\$80 savings per year
YES! Please sign me up for:	Mark the box of the membership plan you wish to join.	
BASIC INDIVIDUAL <input type="checkbox"/>	PREMIUM INDIVIDUAL <input type="checkbox"/>	PREMIUM FAMILY <input type="checkbox"/>
Member's Name		
Print:	Signature:	
<p>By joining Firearms Legal Protection today, you have locked in the price of your membership plan. Your payments will never increase as long as you remain a member with Firearms Legal Protection.</p>		
I have had the different plans explained to me and I DECLINE to join at this time.		
Signature:	Date:	



Legal Membership Program

MEMBERSHIP APPLICATION

Cardholder's Name: _____

Credit Card Number: _____ Exp Date: _____ CSV: _____

Coverage check one	Payment Plan check one	Recurring Charge	OneTime Set-up Fee	Total Payment Due
<input type="checkbox"/> Basic Individual	<input type="checkbox"/> Monthly	\$9.95	\$19.95	\$29.90
	<input type="checkbox"/> Annual	\$109.00	\$19.95	\$128.95
<input type="checkbox"/> Premium Individual	<input type="checkbox"/> Monthly	\$19.95	\$19.95	\$39.90
	<input type="checkbox"/> Annual	\$219.00	\$19.95	\$238.95
<input type="checkbox"/> Premium Family	<input type="checkbox"/> Monthly	\$36.95	\$39.90	\$76.85
	<input type="checkbox"/> Annual	\$399.00	\$39.90	\$438.90

Minor children are those who are the age of 17 or under and permanently residing in the member's home at the time of a use of Firearm Incident. See Legal Service Contract for full details.

Primary Member

Name:		Phone:	
Email:			
Address:			
City:	State:	ZIP:	
FLP Membership Card#:			

Secondary Member

Name:	Phone:
FLP Membership Card#:	

Applicant understands that:

- Firearms Legal Protection, LLC will email the Legal Services Contract to the address specified above.
- Applicant may terminate this contract within seven (7) days of the date Applicant receives the contract if Applicant is not satisfied with this Legal Services Plan and Applicant will receive a full refund.
- Applicant can contact Firearms Legal Protection, LLC at 1-844-357-9400 for member-related concerns Mon-Fri between the hours of 8:00am and 5:00pm Central Time or email info@firearmslegal.com.

Applicant Signature: _____ Date: _____

Facility ID/Rep: **DCSTtraining** / Instructor





ACCIDENT WAIVER AND RELEASE OF LIABILITY

I, _____, HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE FIREARMS USE, OPERATION AND TRAINING FOR EDUCATIONAL AND TRAINING PURPOSES, including by way of example and not limitation, any risk that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, leased, maintained, or controlled by Dynamic Combative Solutions L.L.C., its principals and managers, employees, agents and associates in any capacity, or because of their possible liability fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons, or risks that preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, COVENANT NOT TO SUE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me, including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS:

DYNAMIC COMBATIVES SOLUTIONS LLC, and/or their principals, directors, employees, volunteers, representatives and agents, associates, and the activity holders. (Hereinafter "the Released.")

- (B) I HEREBY INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO COMMENCE ANY LEGAL ACTION OR DEMANDS against the Released any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of the Released or otherwise.
- (C) I HEREBY ASSUME ALL THE RISKS and accept personal responsibility for any damages following any such injury, permanent disability, property damage, or death. Furthermore, I ASSUME ALL responsibility for medical expenses, costs, and/or other obligations and other losses or injuries to me or in which I may become involved, by reason of my participation in such shooting activities at the facility or event.
- (D) I acknowledge that the Released are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

- (E) I acknowledge that this activity may involve a test of a person’s physical and mental limits and carries with it the **danger or risk** of death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, lack of hydration and actions of people including but not limited to other students, volunteers, monitors, and/or firearms instructors from Dynamic Combative Solutions LLC.
- (F) I have reviewed and acknowledge the “Range Rules” signs posted at each range entry door and at the shooting bay partitions and agree to follow and abide by these “Range Rules” at ALL times.
- (G) I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

Governing Law. This Agreement will be construed in accordance with and governed by the laws of the State of Arizona.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by DYNAMIC COMBATIVE SOLUTIONS, L.L.C.

I CERTIFY THAT I AM OVER TWENTY-ONE (21) YEARS OF AGE AND HAVE READ **THE ABOVE WAIVER AND RELEASE IN ITS ENTIRETY**, AND I FULLY UNDERSTAND ITS CONTENT AND HAVE **DISCUSSED ANY QUESTIONS OR CONCERNS REGARDING THIS WAIVER AND RELEASE WITH THE RELEASED PIROR TO SIGNING BELOW**. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

Student’s Signature

Student’s Printed Name _____
DATE

Parents or Guardians of Minors. IF **UNDERSIGNED STUDENT IS UNDER TWENTY-ONE (21) YEARS OF AGE**, the signature of the parent(s) or legal guardian of the minor student is must be provided in addition to Student’s signature as a requirement for the minor student to participate. By signing below, **THE PARENT OR GUARDIAN OF THE MINOR STUDENT ACKNOWLEDGES THAT HE/SHE HAS READ THE ABOVE AGREEMENT IN ITS ENTIRETY AND HAS DISCUSSED ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT WITH DCS PIROR TO SIGNING.**

Parent/Guardian Signature _____
DATE