

CONSENT FORM: WAIVER and RELEASE of LIABILITY

ADULT STUDENT (18 years and older)

Class Title:

Date & Time of Class:

Location:

PLEASE NOTE: The instructor takes safety very seriously while teaching these self-defense classes. It is highly unlikely any student will be injured in this class. However, just as in any class involving physical activity (such as dance, swimming, zumba, soccer, etc.) there is a risk of injury. In addition, the instructor strives to create an emotionally safe environment and is aware of the potential for difficult emotions to arise while taking a self-defense class.

Initials and signature below acknowledges that the student has read and understands the following:

____ I am aware of the physical nature of this class and possible risks of injury in participating in this self-defense class. I understand that this class involves various physical self-defense techniques including strikes and kicks and that the students will be encouraged to strike and kick with force against foam pads (called “shields”).

____ I will disclose any physical limitations and/or disabilities that I may have to the instructor, including any past injuries and/or areas of the body that may have specific vulnerability. (such as a past ankle injury or past back injury) I am aware that the instructor will modify the physical techniques and/or have students practice the techniques using minimal or no force in order to minimize the impact to these areas of the student’s body that may be limited or vulnerable.

____ I understand that although women’s self-defense training increases the women’s chances of successfully defending herself in a real-life assault, self-defense training never guarantees that the student will be able to apply these verbal and physical techniques successfully in a real-life assault.

____ Waiver of Claims and Release of Liability: By signing and agreeing to this Release of Liability & Waiver Form, I am voluntarily and knowingly waiving any and all claims I have, or come to believe I have, in connection with my participation in this women’s self-defense class taught by Jade de la Cruz. I further release the instructor, any and all classroom assistants and the owners of any facility in which the classes are held from any and all liability for their acts in connection with the above listed women’s self-defense class.

____ First Aid and Emergency Medical Treatment: I acknowledge there may be occasions during which I could be injured and medical treatment may be deemed necessary. I do hereby give my permission for qualified personnel to provide me with appropriate medical treatment, especially in an emergency situation.

Signature of Adult Student _____ Date _____

Print Name of Adult Student _____

Emergency Contact Numbers: _____