



Sexual Assault Support Services

## SELF-DEFENSE CLASS REGISTRATION FORM

Our Fall 2009 Self-Defense class for young women will be held from **4:00-6:00 PM, Tuesdays starting on February 3rd at Wellsprings School, 3590 W 18<sup>th</sup> Avenue** (unless otherwise scheduled). Attendance is very important- this is NOT a drop-in group. Each class builds upon the previous one.

**We ask that people make a donation to SASS in support of the self-defense program when you register someone for a class.** In the past these classes have cost between \$30-80 (on a sliding scale) according to what people could afford. We want to continue providing self-defense education and your financial contribution helps make that possible.

*Please print legibly!*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_ (\_\_\_\_) \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Any Known Allergies?:      YES      NO

Please list any illnesses or injuries that may affect participant's involvement in the self-defense course, including any medications, allergies or accommodations that need to be made (use back of paper if necessary): \_\_\_\_\_

Anything else you want us to know about you? : \_\_\_\_\_

Parent/Guardian Contact Info (in case of emergency):

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_

# Assumption of Risk and Injury Waiver

## SASS Self-Defense Program – Elly Maloney, Instructor

I \_\_\_\_\_ and my co-signers (if any) do hereby agree to release and hold forever harmless, Sexual Assault Support Services, the instructor(s), students and all other participants of these self-defense classes, from any and all claims, damages, or liability of any sort, which I or co-signors (if any) may have or ever have in the future because of an injury or other damage I may receive as a result of being a student, participant or spectator in the practice of self-defense or other related activities.

I recognize that the practice of self-defense is a potentially hazardous activity and acknowledge that I have been advised by the instructor(s) of the risks of injury and danger incident to instruction of self-defense. I and co-signors (if any) hereby voluntarily agree to assume the results and consequences of those risks.

I represent and certify that I am over 18 years of age, or if I am under the age of 18 years, I represent and certify that I have the permission of my parents and/or guardians to participate in the stated activities, and that they have full knowledge thereof. I also represent that to the best of my knowledge I am physically able to commence instruction and I have the responsibility to make the instructor aware of any disability or illness that would impact my health or safety or the healthy and safety of other persons present.

**Please mark one: \_\_\_\_\_ I DO OR \_\_\_\_\_ I do NOT give my permission for photographs or video of participant to be used by SASS (for educational purposes) or the media (for publicity purposes).**

I AND MY CO-SIGNORS (IF ANY) HAVE READ AND UNDERSTAND THE ASSUMPTION OF RISK AND INJURY WAIVER AND INTEND TO BE LEGALLY BOUND BY THIS AGREEMENT.

\_\_\_\_\_  
Name of Participant (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE (PARENT OR GUARDIAN if participant under 18)