

Women's Self-Defense Seminar Registration Form

Name _____ DOB: ____/____/____

Address _____ Apt. No. _____

City _____, State _____ Zip _____

Home Phone Number: () - Cell Phone Number: () -

Email Address: _____@_____

How did you hear about the seminar? ☐ From an email ☐ Another Student - _____

Do you currently work-out? ☐ No ☐ Yes: What do you do? _____

Would you be interested in taking either self-defense or fitness classes here?

☐ Yes ☐ No: Reason: _____

ASSUMPTION OF RISK AND INJURY WAIVER

I, _____, hereby enroll in the Women's Personal Safety Self-Defense Seminar. I understand that I have been admitted to the seminar based in material part on this Assumption of Risk and Injury Waiver. I understand nature of the seminar and the physical dangers therein, I also understand that a physician's examination should be obtained by all participants, including myself, prior to engaging in the seminar. To my knowledge, I do not have any limiting physical condition or disability which would preclude my participation in this Women's Personal Safety Self-Defense Seminar. As a participant in the Women's Personal Safety Self-Defense Seminar, I intend to and will engage in strenuous physical activities. I understand that these physical activities involve certain risks and exposure to personal injury or damage. These risks include, but are not limited to broken bones, tissue and muscle tearing, scratches, bruises, fainting, abnormal blood pressure or heartbeat, and rare instances of heart attack, death or paralysis, I voluntarily assume for myself or any member of my family that may also be attending, these risks. I accept all said risks associated within this Women's Personal Safety Self-Defense Seminar. I hereby expressly and voluntarily release, discharge, waive and relinquish any and all actions or causes of action or personal injury, property damage or wrongful death occurring to myself as a result of engaging in or receiving Krav Maga and self-defense instruction at this seminar. Under no circumstances will I present any claim for personal injury, property damage, or wrongful death against the instructors, assistant instructors or any other employees, signs, principals, agents, promoters, servants, attorneys, executives, administrators, partners, joint ventures, officers, directors, shareholders, employees, insurers, representatives, parents, subsidiaries, predecessors and successors, of SNDBT inc. DBA Steve Sohn's KMTC, Our Future's Set Inc., Steve Sohn, Beth El New Rochelle, and all other participants in the seminar for said causes of action, whether the same shall arise by the negligence of said persons or otherwise.

I, hereby acknowledge that I have read the foregoing paragraph, have a full understanding of the potential dangers of engaging in the activity and instruction of the Women's Personal Safety Self-Defense Seminar and am fully aware of the legal consequences of signing this Assumption of Risk and Injury Waiver. By signing this waiver I will not be presenting any legal action for any reason.

Signature or Parent/Guardian Signature _____ Date _____