



Self Defense Class

Class will be held 3/1/14 at 10:00am-12:00pm

Participation Information:

Name: _____

Address: _____

Phone: _____ Gender: M F

Age on day of class: _____

Please make check payable to Rockin' Fitness. Registration fees are non-refundable and non-transferable.

Waiver:

I recognize that this self defense class is a potentially hazardous activity. I have read the flyer and am familiar with the course, procedures, and rules. I should not enter and participate unless I am medically able. I also agree to abide by any decision of the course instructor relative to my ability to safely complete the class. I assume all risks associated with this event include but not limited to: falls, contact with other participants, all such risks known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting my entry, I, for myself alone and anyone entitled to act on my behalf, waive and release the organizers of the Rockin' Fitness self defense class, its directors, officers, staff, and volunteers, the city of New Rockford, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. Further, I grant permission to any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Participant Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

(If under 18)