

It's all about...

Personal Safety!

Wellness Information

Name:

Address:

City/State/Zip:

Phone:

Height:

Weight:

lbs

Date of Birth:

Age:

In case of an emergency (Please contact)

Name:

Relationship:

Phone:

Medical History

1. Date of most recent medical examination:
2. Do you feel fine – without restrictions? Yes No
If no, please explain:
3. Have you ever been hospitalized or treated for an injury? Yes No
If yes, please explain:
4. Have you ever been injured and not received medical attention? Yes No
If yes, please explain:
5. Do you have any current medical conditions (Please include pregnancies) for which you are currently being treated? Yes No
If yes, please explain:
6. Are you currently using any prescription drugs? Yes No
If yes, please explain:

7. Do you have: Any known Allergies? Yes No
Difficulty Breathing? Yes No
High Blood Pressure? Yes No
Diabetes? Yes No

If yes, please explain?

8. How frequently do you exercise?
What type of exercise?

9. Are you or have you ever been involved in self-defense or martial arts training? Yes No
If yes, please explain:

10. Are you feeling okay today? Yes No
If no, please explain:

The about information is true and accurate to the best of my knowledge.

(Signature)

(Date)

(Instructor Signature)

(Date)

It's all about ...

Personal Safety!

PERSONAL SAFETY EDUCATION SELF DEFENSE PROGRAM FOR WOMEN

Registration and Release from liability, hold harmless agreement and indemnification

Name:

Address:

City/State/Zip:

Training Date(s):

Location:

Primary Instructor:

The undersigned hereby acknowledges to the instructor or instructors;

That she desires to engage voluntarily in this personal safety education self defense program and is aware of the physical nature and possible risks of injury incident to taking this practical course in self-defense. That she is in good mental and physical condition to participate in this course, involving various physical technique; and that she realizes that self defense techniques cannot be successfully employed in every situation, and that proficiency can only be achieved through continued practice, exercising good judgment and a persons natural abilities.

That she fully understands that she may injure herself as a result of her participation in this program and hereby releases the Instructor and Instructors from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the personal safety education self defense program.

For and in consideration of my participation in this program provided by the Instructor and Instructors, I for myself, my heirs and assigns, hereby release the Instructor and Instructors, from any claims, demands and causes of action arising from my participation in the program. I have read the above Waiver and Release. I understand that I give up substantial rights by signing it, and I sign it voluntarily.

(Printed Name)

(Signature)

(Date)

(Witness)

(Date)

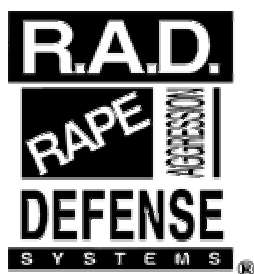


NAME

ADDRESS

CITY

EMERGENCT CONTACT





DISCLAIMER AND HOLD HARMLESS

The City of North Myrtle Beach, and the police officers conducting this training course cannot accept and affirmatively disclaim any liability for personal injuries resulting from the application or adoption of any of the information presented during the course or within the printed materials distributed.

No warranties, whether expressed or implied, accompany this program, the printed materials distributed or the information or tactics conveyed verbally or through demonstration.

In addition, as an attendee of the R.A.D. program, I shall hold the City of North Myrtle Beach and any instructors of the R.A.D. program harmless from any liability, cause of action, lawsuit, or damages for any injury to my person or property that may result from the application or adoption of the information presented during the course or within the printed materials. Furthermore, I shall hold the City of North Myrtle Beach and any instructors of the R.A.D. program harmless from any liability, cause of action, lawsuit or damages for any injury to my person or property that may result during the instruction of the R.A.D.

Signature of Attendee

Date

Print Name