



**WOMEN'S SELF DEFENSE ENROLLMENT AND LIABILITY WAIVER**

Name:		Date:	
Email:		Phone:	
Address:		D.O.B.	
City:		State:	Zip:

I have chosen to enter into the 8 Week Women's Self Defense Program:

Start Date:		Program Payment:	\$99.00
-------------	--	------------------	---------

**LIABILITY WAIVER:** To the best of my knowledge, I am in good physical condition and fully able to participate in classes, programs and events offered by KRAV MAGA BUFFALO LLC. Dba/SPAR Self Defense. I am fully aware of the risks and hazards connected with the participation in self-defense training, including physical injury or even death, and hereby elect to voluntarily participate in said events, knowing that the associated physical activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury, including death, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed.

I hereby release, waive, discharge, and covenant not to sue, SPAR Self Defense, their officers, members, agents, and employees (hereinafter referred to as Releasees) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if i am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waive, discharge, and agreement not to sue the above named Releasees. I hereby further agree that this waiver of liability and hold harmless agreement shall be constructed in accordance with the laws of the state of New York.

SPAR Self Defense or any party designated by SPAR Self Defense may photograph or film me while I attend the premises of SPAR Self Defense and use of any and all such photos, video footage and/or video streaming for promotion, sales, publicity, and advertising purposes for all media, including, but not limited to, the Internet.

In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and i execute this release for full, adequate and complete consideration fully intending to be bound by same.

The Program Fee, once paid, is **non-refundable** but may be credited toward future classes or enrollments.

**I HAVE READ AND AGREE TO THE TERMS OF THE LIABILITY WAIVER HEREIN.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent or Legal Guardian if under 18

\_\_\_\_\_  
Participant's Printed Name:

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Emergency Contact                      Phone #

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date