

TOWN OF ORO VALLEY REGISTRATION / RELEASE FORM

Full Name: _____

Address: _____

Date: _____

Primary Instructor: _____

Release for the Town of Oro Valley

The undersigned hereby acknowledges to the Town of Oro Valley and all its employees and trainers; That she will not participate in any aspect of the program she is uncomfortable with or considers unsafe.

That should she choose to participate, she is aware of the physical nature and possible risks of injury incident to taking this practical course in self defense. That she is physically fit to participate in this course, involving various physical techniques and she realizes that self defense techniques cannot be successfully employed in every situation and proficiency can only be achieved and is dependent upon thorough continued practice, exercising good judgment, and a person's natural abilities.

The undersigned hereby releases the Town of Oro Valley, its employees and instructors, and agrees to hold them harmless, from any liability for injury that may be incurred as a result of participation in this course, or using the strategies within for defense.

I have read the above waiver and release, understand that I give up substantial rights by signing it, and I sign it voluntarily.

Signature

Date

Instructor check

If under the age of 18, please have parents sign and print name.