



# FIGHTING SPIRIT

## Registration/Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: (this will put you on our electronic mailing list for updates on other safety programs and additional learning opportunities).

\_\_\_\_\_

Location your session was held: \_\_\_\_\_

I, the undersigned acknowledge that I will not participate in any part of the program in which I am uncomfortable. If I choose to participate, I am aware of the physical nature and risk of injury by taking this practical course in self defense training. I acknowledge that I am physically fit enough to participate in this course and also that not all techniques can be used in all situations. I also understand that proficiency can only be obtained through continued practice over time.

I agree to assume complete responsibility for any and all injuries that I may sustain during this training program and or while participating in any other activity related to this event with Fighting Spirit Personal Safety, Midwest Tae Kwon Do LLC, Russell Gale, Tanya Panizzo and any and all assistants in the course. This form is used for all programs at Fighting Spirit Personal Safety.

I understand that this program does not provide a guarantee that I will be free from harm after the class has commenced. I understand that it is an awareness program and is provided for the purpose to inform me of options that are available to me.

**I HAVE READ THE ABOVE WAIVER AND RELEASE AND SIGN IT VOLUNTARILY.**

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone of parent/legal guardian: \_\_\_\_\_