

PARENTAL CONSENT FORM: WAIVER and RELEASE of LIABILITY

Jade Rayne de la Cruz, Instructor

I, (print parent/legal guardian name) _____, give my minor child, _____, permission to attend this women’s self-defense class taught by Jade Rayne de la Cruz.

Class:	Date of Class:	Location:
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NOTE: The instructor takes safety very seriously and it is highly unlikely any student will be injured in this class. However, just as in any class involving physical activity (such as any sport, dance, swimming, martial arts, etc) there is a risk of injury. In addition, the instructor strives to create an emotionally safe environment and is aware of the potential for difficult emotions to arise while taking a self-defense class.

Initials and signatures below acknowledge that the parent and minor student have read and understand the following:

____/____ I and my daughter are aware of the physical nature of this class and possible risks of injury in participating in this self-defense class. I understand that this class involves various physical self-defense techniques including strikes and kicks and students will be encouraged to strike and kick with force against foam pads (called “shields”).

____/____ I and/or my daughter will disclose, at the start of the class, any physical limitations and/or disabilities that my daughter may have to the instructor, including any past injuries and/or areas of the body that may have specific vulnerability. I am aware that the instructor will modify the physical techniques and/or have students practice the techniques using minimal or no force in order to minimize the impact to these areas of the student’s body that may be limited or vulnerable. I am aware that the physical activity in this class could potentially cause harm to an area of the body that has suffered a previous injury.

____/____ I and my daughter understand that, although self-defense training has been shown to increase a person’s chances of successfully defending herself in a real-life assault, self-defense training never guarantees the student will be successful in applying these self-defense skills in a real-life assault.

____/____ Waiver of Claims and Release of Liability: By signing and agreeing to this Release of Liability & Waiver Form, I am voluntarily and knowingly waiving any and all claims I have, or come to believe I have, in connection with my child’s participation in this women’s self-defense class taught by Jade de la Cruz. I further release the instructor, any and all classroom assistants, and the owners of any facility in which the classes are held from any and all liability for their acts in connection with the above listed women’s self-defense class.

____/____ First Aid and Emergency Medical Treatment: I acknowledge there may be occasions during which my child is injured and medical treatment may be deemed necessary. I do hereby give my permission for qualified personnel to provide my child with appropriate medical treatment, especially in an emergency situation.

Signature of Parent/Legal Guardian _____ Date _____

Print name of Parent/Legal Guardian _____

Signature of Student _____ Date _____