

**WOONSOCKET POLICE DEPARTMENT
SELF-DEFENSE FOR WOMEN COURSE
REGISTRATION AND WAIVER**

NAME: _____ DOB: _____

CITY RESIDENT? _____ WORK IN WOONSOCKET? _____

HOME ADDRESS: _____

PHONE: _____

EMAIL: _____

Have you ever been convicted of a felony offense or a crime of violence against another person? Yes / no

If yes, cite charges and explain: _____

Do you have any physical conditions that would prohibit you from safely participating in self-defense classes? Yes / no

WAIVER

I, _____, hereby release the Woonsocket Police and Dan Guernon and all parties involved with the teaching of the self-defense course and all involved with the location of the course from any personal injury, emotional or bodily harm sustained or suffered from me during, arising out of, or as a result of any activity associated with this self-defense course. I further release said individuals and involved parties from all claims of liability for any property or valuables lost, mislaid, or stolen. I do not have, to my knowledge, any physical condition or disability that would preclude my participation in this program and I have complete and full medical insurance. I understand the terms above and take complete responsibility for health and wellbeing in this program

I understand that this course may involve strenuous physical activity and physical contact, and may be hazardous and result in personal injury.

I understand that, given the nature of this course, there may be fake weapons used for demonstration and scenario training. I understand the need for such tools and props in the context of the material presented and agree to their use within the course.

I understand that the training provided in this course will in no way guarantee that I will be impervious to an assault or attack of any kind. The above named parties and their employees will not be held liable for any damages or injuries sustained in an actual self-defense situation.

I understand that, depending on my personal history, participation in this course may be an emotionally traumatic experience that lasts beyond the confines of this course.

I understand that, at any time during the course, I am free to stand aside and not participate in any activity or part of any activity, whether it is for physical or other reasons.

I understand these techniques are strictly for self-defense use. I will only use the physical techniques to defend against someone in deadly force situation and will not use as a means to assault others.

I sign realizing that my participation in this self-defense course may have the potential to subject me to personal injury and bodily harm.

I further have read the above statements and fully understand the contents of this release indemnity and hereby accept and agree to the terms, conditions and provisions written here.

Signature: _____

Date: _____

Signature of parent/guardian if under 18 years of age:
