

Sheepdog Self Protection Inc.

Fight Back for Tween Girls Acknowledgement Release and Waiver

Name: _____ Phone: _____
Sex: _____ Age: _____ Date of Birth: _____
Address: _____ Email: _____
Emergency Contact: _____ Phone: _____

In consideration of being accepted into the Fight Back for Tween Girls Program offered by Sheepdog Self Protection Inc., and being allowed to use its facilities and equipment, I acknowledge and agree the following:

1) That I understand and am aware that participation in the program requires "hands on" physical training of self-defence techniques that are potentially hazardous and that there may be inherent risks in participating in this program. I further understand that the successful involvement in this program requires physical participation and demonstration with instructors and other students enrolled in the program. I further understand that my participation in this program involves a risk of injury and even death and that I am voluntarily participating with the knowledge of the dangers involved. I further understand and agree to assume and accept any and all risk of injury or death.

I have read and understand this term: _____ (initials)

2) That I am in proper physical condition to participate in this program and am aware that participation could in some circumstances result in physical injury. I have listed below any previous injuries or medical conditions that may affect my ability to physically participate. I understand that it is my responsibility to inform Sheepdog Self Protection Inc. of any conditions in my health which may affect my ability to participate.

I have read and understand this term: _____ (initials)

3) I knowingly and freely assume all such risk, known and unknown, even arising from my own negligence or other, and assume full responsibility for my participation.

I have read and understand this term: _____ (initials)

4) That I, for myself, and on behalf of, my heirs, executors, administrations and assigns, hereby release and hold harmless Sheepdog Self Protection Inc., its respective servants, agents or employees, from any claims, demands, damages, actions, or causes of actions, arising out of, or in consequence of, any loss, injury, disability, damage, or death, that may have arisen by reason of the negligence of myself or Sheepdog Self Protection Inc., its servants, agents, or employees. I further understand that there is a voluntary assumption of risk of injury associated with participation in this program offered by Sheepdog Self Protection Inc.

I have read and understand this term: _____ (initials)

I have fully read this Acknowledgement Release and Waiver form and fully understand its terms and am signing this freely and voluntarily. My signature below represents my understanding of the risks listed above, of which I fully accept.

Participant's Signature: _____ Date: _____

Parent/ Guardian: _____ Date: _____

Witnessed By: _____ Date: _____

For Sheepdog Self Protection Inc.

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