

## Participant Information and Waiver

**PLEASE PRINT**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

For Minors:

Parent's or Guardian's Name(s) \_\_\_\_\_

Please consider answering these optional demographic questions:

Age:

Gender Identity:

Race/Ethnicity:

Sexual Orientation:

**Turn over please**

## Culture of Safety Release and Waiver of Liability

In consideration of being allowed to participate in the self-defense activities conducted and taught by Culture of Safety, LLC (“Culture of Safety”), I hereby acknowledge, appreciate, and agree to the following:

I acknowledge that Culture of Safety has fully informed me of the nature and risks involved in the self-defense activities conducted and taught by Culture of Safety and I represent that I am physically and mentally fit to participate in such activities.

I understand and agree that strict observation of the rules and regulations relative to my participation, including the use of protective equipment if recommended, is required and that my use of Culture of Safety’ facilities or facilities where Culture of Safety conducts a class, my participation in Culture of Safety’ activities, and my presence at Culture of Safety are at my sole risk.

I understand that the practice of self-defense involves defensive and offensive skills training and that this training includes sudden and forceful movements as well as physical contact between participants and instructors and among participants themselves. I understand that such contact may result in personal injuries, including permanent disability or death, despite the best intentions and despite following adequate precautions.

I knowingly and freely agree to assume all risks, both known and unknown, of participating in Culture of Safety’s activities even if arising from the negligence of Culture of Safety, its directors, officers, agents, and employees (collectively referred to as “Agents”), and to assume full responsibility for my participation. I also agree to assume the risk of any injury sustained anywhere on Culture of Safety’s premises, including but not limited to the training area, or on entering or leaving the premises even if arising from the negligence of Culture of Safety or any of the Agents.

I agree to release and hold harmless Culture of Safety, its directors, officers, agents, and employees of any and all liability or responsibility with respect to any and all injury, disability, death, or loss or damage to person or property, whether or not arising from the negligence of Culture of Safety or its Agents, to the fullest extent permitted by law.

I agree that I will abide by the rules and regulations set forth by Culture of Safety and that if I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of the nearest Culture of Safety official immediately.

I hereby grant permission to Culture of Safety, LLC (“Culture of Safety”) and its representatives to take photographs, videos and/or audio recordings of me today (or during the dates specified below) and to use them, directly or indirectly, in connection with the purposes set forth below. Culture of Safety may use any of the photographs (including any likenesses), videos, audio recordings (including any transcription thereof), or any reproductions (collectively, “Recordings”), for the purpose of marketing, advertising, promoting, supporting any filing with Federal or state agencies, web usage, and any other purpose not mentioned, but which benefits Culture of Safety. I hereby further consent to the use of my name in connection with any Recordings but such use shall be limited to identifying me as the subject, and shall not extend to the endorsement of any commercial product or service. I hereby agree that any and all rights, title and interests in or to any Recordings (including all negatives and original recordings) shall constitute the sole and exclusive property of Culture of Safety. I further release Culture of Safety (and its officers and directors) from any claims in connection with the use of the Recordings.

X  
\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

### FOR PARTICIPANTS UNDER AGE 18

My signature certifies that I, as parent/guardian with legal responsibility for the above participant, do consent and agree to my child’s participation and agree for myself, my heirs, assigns, and next of kin, to release, indemnify and hold harmless Culture of Safety and Agents from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, even if arising from the negligence of Culture of Safety or Agents, to the fullest extent permitted by law.

Parent/Guardian Name (please print) \_\_\_\_\_

X  
\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date