

Cedar County Self-Defense Registration and Waiver of Liability Form

NAME: _____ AGE: _____
DATE: ___ / ___ / ___
ADDRESS: _____ CITY/ZIP: _____

PHONE: (Home) _____

PHONE: (Mobile) _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME/RELATIONSHIP:

EMERGENCY CONTACT PHONE (Home or Mobile):

1. **Assumption of Risk:** I am aware and understand that, in general, self-defense training can be an intrinsically dangerous and hazardous activity. I shall be learning and participating in self-defense activities as an attendee of the Cedar County Sheriff's Self-Defense class(es). I acknowledge herein that participating in activities contemplated by this document could involve dangerous and hazardous activities. I hereby consent and agree to any physical contacts to me by my instructors, fellow students or others in the furtherance of training, practice or technique demonstrations. I hereby consent and agree to completely accept alone any liability whatsoever arising out of any activity relating to instruction, demonstration, or practice. I acknowledge, confirm and verify the foregoing by placing my signature hereto:

Attendee

Signature:

Parent/Guardian (if Attendee is under the age of 18):

2. **Health Advisory and Physical Condition** I hereby understand and acknowledge that my participation in the self-defense class may involve extremely strenuous physical activity and that I have been advised to consult a physician before commencing and undertaking any activity contemplated by this agreement. I hereby represent that, to the best of my knowledge, I am in good physical health and condition, sufficient to undertake the self-defense activity and practices as presented by the Cedar County Sheriff's office. If the condition of my health changes, during the time of existence of this agreement I will promptly advise my instructor.

Initials: _____ Parent/Guardian's Initials: _____

3. **Release In consideration** I hereby agree that I, my heirs, distributees, legatees, guardians, conservator, successors in interest and legal representatives will not make claim, or file action or suit in a court of law or before an administrative agency, or attach the property of the Cedar County Sheriff's Office, its instructors, trainers, or employees, seeking damage for injury or damage arising out of the use of any or the foregoing or in connection with activities of the

Cedar County Sheriff's Self-Defense class(es). Damages include personal injury, emotional distress and property damage. The foregoing includes punitive damages, where known or unknown, foreseeable or not, due to or resulting from acts, conduct, negligence or misfeasance of or failures to act by the release or any of the aforementioned parties. Initials:

_____ Parent/Guardian's Initials: _____

4. **Severability** Should any part of this agreement be held unenforceable or in conflict with any laws pertaining to this agreement, the validity of the remaining parts or provisions of this agreement shall not be affected by such determination. This agreement is non-assignable. Attendees agree to strictly follow instructions relating to the subject matter to be taught and any rules and regulations of The Cedar County Sheriff's office.

In witness whereof, the parties have signed and sealed this agreement on the following date, ____/____/____.

Attendee Signature:

Parent/Guardian Signature (If attendee is under the age of 18):
