



Personal Safety/Survival Training REGISTRATION FORM

Name: _____ Date of Training: _____

Phone: _____ Email: _____

If you are a custodial parent registering your 12-17 year old, please provide your full name.

How many adults, including yourself are you registering? _____ Total cost: _____

How many youth (12-17) are you registering? _____ Total cost: _____

Make checks payable to: My Will To Survive

Names of class participants:

1) _____

2) _____

3) _____

4) _____

5) _____

Waiver, Release and Assumption of Risk: I have volunteered to participate in a Personal Safety/Survival Training provided to me by Erin McIntyre, which may include but not be limited to strikes, blocks, escapes, kicks and other physically demanding activities. In consideration of Erin McIntyre's agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Ovation! Musical Theatre Bainbridge, Erin McIntyre, My Will To Survive, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with the participation in this or any Personal Safety/Survival Training including any injuries resulting there from. This waiver and release of liability includes, without limitation, injuries which may occur as a result of equipment belonging to the trainer, any slip or fall and/or negligent instruction or supervision. I have been informed of, understand, and am aware that any physical Personal Safety/Survival Training program, whether or not requiring the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that participation involves a risk of injury, and that I am voluntarily participating in these activities and using equipment with full knowledge, understanding and appreciation of the dangers involved; including but not limited to sprains, strains, contusions, pain, abrasions, bone breakage, permanent disability or even death. I hereby agree to expressly assume and accept any and all risk of injury, regardless of severity, even death. I understand that in select classes a representative of My Will to Survive may take photographs and/or video to be used for marketing this class. In order to assure privacy, names will not be used with photos. I hereby give my consent to have photos taken for this purpose. This form is an important legal document that explains the risks you are assuming by participating in a Personal Safety/Survival Training program. It is critical that you have read and understand this document completely. If you do not understand or agree with any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it. I also understand that in the event that I cannot attend the class I have signed up for, I will have the option of choosing another event within six weeks of the class I signed up for. If there is not a class offered within six weeks or one that works for my schedule, I will not receive a refund for the class. By marking the "Liability Waiver" box on the registration form, you are agreeing that you have read, fully understand and agree with the terms of this form. This will serve as your "signing" of the Liability Waiver.

_____ *With my initials, I acknowledge that I have read, understand and agree with the above Waiver/Release. This applies to and covers all registrants listed on this form who are participating in said training.*