



SEXUAL ASSAULT SUPPORT SERVICES
SERVICIOS DE APOYO CONTRA EL ABUSO SEXUAL

SELF-DEFENSE CLASS REGISTRATION FORM

Please print legibly

Name: _____ Age: _____
Phone: (____) _____ Today's Date: _____
Address: _____

Email: Please enter each letter or digit in the boxes below

Grid of 30 empty boxes for email entry

Any Known Allergies? [] YES [] NO If YES, please list: _____

Please list any illnesses or injuries that may affect this participant's involvement in the self-defense (including medications, allergies or accommodations needed): _____

Anything else you want us to know about you? : _____

Parent/Guardian Contact Info (in case of emergency):

Name(s): _____ Relationship: _____

Phone(s): _____

Please return these forms by November 14th to 591 West 19th Ave Eugene OR 97401

Please cut and keep this section as a helpful reminder of our class:



Fall 2011 Self-Defense class for young women ages 13-17
4:00-6:00 PM, Wednesdays starting November 16th
at Wellsprings School (3590 West 18th)

Attendance is very important- this is NOT a drop-in group.



Assumption of Risk and Injury Waiver

SASS Self-Defense Program – Elly Maloney, Instructor

I _____ and my co-signers (if any) do hereby agree to release and hold forever harmless, Sexual Assault Support Services, the instructor(s), students and all other participants of these self-defense classes, from any and all claims, damages, or liability of any sort, which I or co-signors (if any) may have or ever have in the future because of an injury or other damage I may receive as a result of being a student, participant or spectator in the practice of self-defense or other related activities.

I recognize that the practice of self-defense is a potentially hazardous activity and acknowledge that I have been advised by the instructor(s) of the risks of injury and danger incident to instruction of self-defense. I and co-signors (if any) hereby voluntarily agree to assume the results and consequences of those risks.

I represent and certify that I am over 18 years of age, or if I am under the age of 18 years, I represent and certify that I have the permission of my parents and/or guardians to participate in the stated activities, and that they have full knowledge thereof. I also represent that to the best of my knowledge I am physically able to commence instruction and I have the responsibility to make the instructor aware of any disability or illness that would impact my health or safety or the healthy and safety of other persons present.

Please mark one:

I DO give my permission for photographs or video of participant to be used by SASS (for educational purposes) or the media (for publicity purposes).

I DO NOT give my permission for photographs or video of participant to be used by SASS (for educational purposes) or the media (for publicity purposes).

I AND MY CO-SIGNORS (IF ANY) HAVE READ AND UNDERSTAND THE ASSUMPTION OF RISK AND INJURY WAIVER AND INTEND TO BE LEGALLY BOUND BY THIS AGREEMENT.

Name of Participant (please print)

Date

SIGNATURE (PARENT OR GUARDIAN if participant under 18)