



## Women's Empowerment Series Registration

Class Date, Title & Location \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I understand that the women's self-defense courses in the Women's Empowerment Series have been designed to provide me with the safest and most effective way to survive and escape a physical assault. However, I understand that the instructors cannot guarantee my safety through the use, or misuse, of the techniques taught in the class. Furthermore, I understand that all reasonable precautions are taken during class to provide a safe environment, but due to the very nature of contact inherent in practicing self-defense techniques, I hold harmless the instructors and the owners of the facility in which the class is held. I also give permission to use my image on video or film for promotional or instructional purposes. I understand the no refund policy and that if I am unable to attend my registered class that I may move my registration to another class date and time.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_ Yes, let me know about upcoming classes!

*You Have One Life... Fight For It!*

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