

Self-Defense Class Waiver, Release and Indemnity Agreement

Client:

Last name: _____ First name: _____ Age _____

Birth date: _____ / _____ / _____ Male _____ Female _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Email: _____

The responsible party must read the entire wavier before signing. I do hereby request and agree to have myself or my child participate in self-defense training classes offered by Body Fit Warehouse, llc and Sam Shulman, Instructor.

I recognize that risks of injury are common to any self-defense classes that my child or I participate in and I do hereby waive and release Body Fit Warehouse, llc and Sam Shulman (Instructor) from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, whatsoever, that arise out of my participation in his self-defense classes. In addition, I recognize that self-defense training involves the instructor and student to have body contact, including and not limited to: grabs, holds, punches, strikes, kicks and other contact simulating real attack situations, to practice releases and self-defense responses. Also, I recognize that self-defense training carry some risk of injury (sprains, strains, bruises, dizziness, difficulty breathing, heart attack, bleeding), and that participation may result in other damage, due not only to instructor actions, inaction or negligence, but also to that of others associated with and/or present at these activities. I hereby execute this Waiver and Release form permitting myself or my child to participate in the self-defense training classes and I personally assume all risks involved or in any way related to my participation or my child's in said self-defense training classes, whatsoever, whether known or unknown to me at the present time. Participation is voluntary and entirely of my own free will and I or my child shall wear all safety equipment requested by Sam Shulman (Instructor) and/or I deem necessary.

I hereby represent and certify that I am not aware of any medical condition, for myself or my child which would increase our risk of illness and injury as a result of participating in a self-defense class. If I do have any such conditions and would like to proceed with self-defense classes I agree to obtain my physician's consent before doing so. My Heirs, my Executors, Successors and I hereby waive all claims of accidental and or negligent tort damages or injury against Body Fit Warehouse, llc and Sam Shulman (Instructor), and any physical location where the self - defense classes are taught. I understand all self-defense training classes are about one (1) hour in duration. If a scheduled class is to be changed or cancelled by Body Fit Warehouse, llc or the Sam Shulman, notice will be listed on Body Fit Warehouse, llc's website.

Entire Agreement Clause: The Client acknowledges that neither Sam Shulman (Instructor) nor anyone else has made any representations or promises upon which he/she relied that are not stated in this agreement. This document contains the entire agreement between the Client and Sam Shulman (Instructor) and replaces any other written agreement. If a court of law declares any part of this agreement is invalid, it shall not invalidate the remaining parts, which continue to be unaffected. If Sam Shulman (Instructor) does not enforce any rights in this agreement for any reason, he does not waive the right to enforce it later. Body Fit Warehouse's authorized staff or Sam Shulman (Instructor) has the authority to immediately terminate any student for repeated Misconduct in any class activity, which is not conductive to the proper behavior of Body Fit Warehouse or Sam Shulman (Instructor). Any monies received for training classes are forfeited upon termination.

Date _____

X _____
Signature, or parent / guardian signature (if you are under 18, unless emancipated): Client

Print Client Name