

Self Defense & Personal Safety- 18 years of age

High School Class- Info/Registration Form



Reduce personal and community risk with these safety and self defense classes.

What Will This Program Teach Me?

This class will have an in-depth discussion on how to be more aware of your surroundings, how to recognize and avoid potentially harmful situations, and how to reduce your chances of an incident. In addition to learning these skills, class participants will learn basic self defense techniques to help them manage their safety in case of an incident. Basic punches, kicks and a small simulation component will be covered in this class.

All classes are taught by experienced, nationally certified Rape Aggression Defense (RAD) safety instructors. Participants will be able to better identify and reduce risk for yourself and the community and will have an increased knowledge of how to handle and avoid potentially harmful situations with basic self defense tactics. Each participant will receive a workbook/reference manual which outlines the entire Physical Defense Program for reference and continuous personal growth. Alternatives To Violence On the Palouse will be providing the personal safety discussion component, while WSU Self Defense and Personal Safety instructors will be facilitating the self defense skills component.

Note: Please wear comfortable, athletic clothing and closed toe athletic shoes. Come with layers, as we will be sitting for parts of the day and the room can become cold. A lunch break will be provided, but please bring your lunch and/or snacks.

Registration

Youth Self Defense and Personal Safety Class
(Patrons under the age of 18 must fill out the Youth registration form)

November 14, 2009 – 9:00-5:00pm

Student Recreation Center, Room 245

\$27.00 members / \$37.00 non-members

With receipt or proof of purchase, Our **refund policy** is: full refunds given until the registration deadline. 50% refunds given until the day of class. Sorry, no refunds given once class begins

Please complete the following and return this form to the Student Recreation Center service counter.

Name:	Email:	Phone:
WSU ID:	Address:	
SRC Member? Yes No	If no, please provide Driver's License	

Accessibility Info: Reasonable accommodations are available with adequate prior notification. Call Joanne Greene at 335-9669 or Jeff Elbracht 335-9668 for more information .

University Recreation Self Defense & Personal Safety

Assumption of Risk and Release of Liability



PLEASE READ BEFORE SIGNING!

Assumption of Risk and WARNING!

In consideration for being allowed to utilize University Recreation programs, services, facilities and equipment as well as traveling to or from any activity or program organized or affiliated with the University Recreation Department, either on or off any Washington State University properties, I voluntarily agree to assume all risks involved in traveling to or from, or using University Recreation programs, services, facilities and equipment. I understand that I will have the opportunity to participate in many physically demanding activities which may result in personal injuries. These activities and movements include frequent kicking and bare fist punching of bags and aggressors, running, direction changes, kneeling, twisting, and bending over. Moves on the ground will be included such as aggressor take-downs, ground kicks, choking simulations, and attacker ground defense moves. I understand that direct supervision by Washington State University staff may not be provided and by participating in, traveling to or from, or using the programs, services, facilities of University Recreation, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, emotional trauma, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in, traveling to or from, or use of University Recreation programs, services, facilities, and equipment that cannot be specifically listed. I also recognize that the actions of other users of University Recreation programs, services, facilities, and equipment may cause harm or loss to my person or property and agree to assume the risks of same.

Release of Liability

I, my heirs and assigns hereby release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I may otherwise sustain as a result of my participation in, traveling to or from, or using University Recreation programs, services, facilities and equipment. I also release the UNIVERSITY GROUP from loss or damage to my person or property caused by other users of University Recreation programs, services, facilities, and equipment.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and I sign it of my own free will.

Signature: _____ Date: _____ Name (please print): _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Signature of the Witness to the Signing of this Document: _____

Witness Name (please print): _____

We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of University Recreation programs, services, facilities and equipment. **If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene at 509-335-9669.**

Office Use Only	Date:	Amount:	Invoice #:
Form of Payment:	Cash Check Credit Cougar Cash		Initials:
Renewal Bonus:			Main office initials (once entered):