

Youth Instruction- Under 18

Self Defense & Personal Safety

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 .

WASHINGTON STATE UNIVERSITY (WSU)

UNIVERSITY RECREATION ACTIVITIES

For Parents or Guardians of Participants Under 18 Years of Age

November 14, 2009



ASSUMPTION OF RISK

I understand that there are risks in participating in recreational activities and educational workshops in UNIVERSITY RECREATION Self Defense and Personal Safety Program facilities, services and programs at Washington State University (WSU).

In consideration for and as a condition of being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that WSU cannot predict or foresee, and I also assume full responsibility for those risks.

Risks in participating in University Recreation Self Defense and Personal Safety Program programs, services or facilities (including participating in supervised or unsupervised activities in or connected with the Hollingbery Fieldhouse and Fieldhouse Annex), include, but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, 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 traveling to or from University Recreation Self Defense and Personal Safety Program activities and facilities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, the Regents of WSU, WSU, any subdivision or unit of WSU, its officers, employees, and agents, from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result of or connected with participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event whether on or off WSU property. **I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with WSU and the program sponsors. I sign it freely and voluntarily.**

DATED THIS ____ DAY of _____, 200__.

Name of Parent or Guardian (Printed)

Signature

Name of Minor (Printed): _____ Minor Date of Birth _____

Witness's Name (Printed)

Witness's Signature

NOTE: It is strongly recommended that as parents/legal guardians you consult a physician prior to allowing your child to participate in physical activity to determine any potential conditions that may adversely affect the child's participation. We encourage parents/legal guardians to ensure that those with pre-existing conditions wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all parents/legal guardians 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 your child's 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 Jeff Elbracht or Joanne Greene at 509-335-8732.

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