

# **ASSERT LLC Registration/Medical Information/Waiver**

**(A separate waiver must be filled out and signed for each participant)**

**DATE OF CLASS:** \_\_\_\_\_ **LOCATION OF CLASS:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Gender: M F

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

Participant fitness level: Poor 1 2 3 4 5 Excellent      Participant health: Poor 1 2 3 4 5 Excellent

Allergies? No Yes \_\_\_\_\_ Injuries? No Yes \_\_\_\_\_ Restrictions? \_\_\_\_\_

**The release below must be read and signed prior to class participation.**  
**(All information is strictly confidential and for the use of ASSERT LLC only)**

I \_\_\_\_\_ give (Participant name) \_\_\_\_\_ permission to attend the **ASSERT Training**. By signing my name below, I understand **ASSERT** is a physical personal safety and defense class. I understand the physical nature and risks of injury incident to taking this practical personal safety course. The participant is physically fit to engage in the class involving various physical techniques. I realize that personal safety and defense techniques cannot be successfully employed in every situation. Proficiency is dependent upon my involvement with my child or myself, through continual practice, teaching good judgment and my child's or my own personal abilities outside this course.

I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntarily and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.

I voluntarily release, forever discharge, and agree to indemnify and hold harmless, **ASSERT LLC**, from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself.

The signature below hereby releases **ASSERT LLC** and all associated instructors and agrees to hold them harmless from any liability for injury that may be incurred as a result of participation in this course or using any strategies from this course for personal safety or defense outside of the training environment.

**Photography/Video Release**

For promotional purposes for ASSERT Training, videos and photographs may be taken at all events. Your registration/participation constitutes permission for ASSERT LLC to use images in promotional materials without further consent.

As I have read and I am voluntarily signing this waiver and release, I understand I give up the above listed rights and I agree to be bound by its terms.

\_\_\_\_\_  
Signature of Participant or Legal Guardian  
(if participant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_ I have paid on line with Paypal  
\_\_\_\_\_ I have enclosed a check