

# SELF-DEFENSE CLASS PARTICIPATION AGREEMENT

This agreement between the Student named below, hereinafter Student, and Discover Your Power (hereinafter DYP) is for the purposes of relieving from liability the following individuals and entities: DYP, the WAVE Foundation, all DYP-approved instructors and volunteers organizing and teaching these self-defense classes, owners of premises or facilities, and agency organizing or hosting these classes.

WHEREAS, DYP has agreed to teach classes in self-defense, and

WHEREAS, Student acknowledges full awareness of the risk of harm involved in learning self-defense,

STUDENT THEREFORE AGREES that they will accept full responsibility for themselves during their affiliation with DYP as a student, and will indemnify and hold harmless DYP, the WAVE Foundation, all DYP-approved instructors and volunteers organizing and teaching these self-defense classes, owners of premises or facilities, and agency organizing or hosting these classes from any cause of action or claim arising out of Student's participation in any activity of DYP or any activity in which DYP participates.

**FURTHERMORE, any situation where a student would use such skills that are taught in this class is inherently risky and unpredictable. Student recognizes that, while the skills taught in this class can increase their odds of successful evasion, there are no guarantees and sometimes your choices are between bad and worse.**

**FINALLY, if you had been a target for assault, sexual assault, rape, or domestic violence, or if someone close to you has been targeted, some of this material may be upsetting or triggering. Please make sure you have the emotional support you need, from a counselor or therapist, support group, family, and friends. While we can suggest some providers, DYP is not a licensed therapy provider and bears no responsibility for emotional distress arising from past experiences.**

\_\_\_\_\_, Student signature \_\_\_\_\_ (today's date)

\_\_\_\_\_ (print name) \_\_\_\_\_ Address

\_\_\_\_\_ phone \_\_\_\_\_ email

## PARENTAL CONSENT

(if student is under 18 years of age)

I, the undersigned, am a parent or legal guardian of \_\_\_\_\_ (print child's name) and have read and endorsed the "Class Participation Agreement" between my child and DYP, and approving of said agreement and release and my child's participation, further agree to indemnify and hold harmless DYP, the WAVE Foundation, all DYP-approved instructors and volunteers teaching these self-defense classes, owners of premises or facilities, and agency organizing these classes from any cause of action or claim I might have arising out of my child's participation in the activities of DYP.

\_\_\_\_\_, Parent/Guardian signature \_\_\_\_\_ (today's date)

\_\_\_\_\_ (print name) \_\_\_\_\_ Address

\_\_\_\_\_ phone \_\_\_\_\_ email

## EMERGENCY CONTACT

\_\_\_\_\_ NAME \_\_\_\_\_ Phone

\_\_\_\_\_ Relationship to Student

