



## Self Defense Program Participation Waiver

I, the undersigned, hereby understand and acknowledge that the training involved with the Columbus State Community College (CSCC) Self Defense Program held by CSCC Police Department and the College Recreation and Wellness Department may expose me to many inherent risks, including accidents, bodily injury, illness, or even death. I assume all risks of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known by me.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with my participation in the activity. I acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of the acceptance of my participation in the CSCC Self Defense Program, I agree, for myself and anyone entitled to act on my behalf, to hold harmless, waive, and release Columbus State Community College, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind out of my participation in the CSCC Self Defense Program.

By my signature I indicate that I have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Date: \_\_\_\_\_

Participant's Name (print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

(Parent's signature if under 18 years of age)- I represent that I have a legal capacity and authorize to act on behalf of the minor named herein.

Email: \_\_\_\_\_

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

Emergency Contact Name/Phone Number: \_\_\_\_\_