



Liability Waiver

I understand that while participating in the self-defense classes offered by Safety And Self-Defense Solutions (“S.A.S.S.”) that accidents and injuries may occur. I agree that if an injury happens, S.A.S.S. and BALLETMORE, LLC. (“the venue”) shall not be liable for any damages arising from personal injuries sustained while on the premises of the venue. I accept full responsibility for any injuries or damages which may occur while participating with S.A.S.S.

Further, with regard to medical treatment, I hereby authorize S.A.S.S. or the venue to act for me in case of an emergency. Permission is hereby extended to the medical authorities selected by S.A.S.S. or the venue to provide all necessary emergency medical attention, including anesthesia and surgery or routing medical care.

Student

Name _____
Signature _____
Date _____

Guardian (if under 18)

Name _____
Signature _____
Date _____