



## 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, members of S.A.S.S. and City of Grand Rapids (“the venue”) shall not be liable for any damages arising from personal injuries sustained. I accept full responsibility for any injuries or damages which may occur while participating.

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.

	<b>Student</b>		<b>Guardian (if under 18)</b>
Name	_____	Name	_____
Signature	_____	Signature	_____
Date	_____	Date	_____

## Optional

How did you hear about this class? \_\_\_\_\_

What is your email address? \_\_\_\_\_

May we email you to let you know about future classes?  Yes  No

May we email you a survey to see what you thought of our class?  Yes  No