



**FIGHTING
SPIRIT**

Fighting Spirit Personal Safety

Registration/Release Form

Name: _____ DOB: _____ Age: _____

Address: _____

Phone: (C) _____ Parent/Guardian phone: _____

Location of program: 584 W. Ann Arbor Trail, Plymouth

Program Name: _____

Email Address: _____

I, the undersigned, acknowledge that I will not participate in any part of the program in which I am uncomfortable. If I choose to participate, I am aware of the physical nature and risk of injury by taking this practical course in self-defense and/or empowerment education program. I acknowledge that I am physically fit enough to participate in this course and that not all techniques and strategies can be used in all situations. I also understand that proficiency can only be obtained through continued practice over time.

I agree to assume complete responsibility for all injuries that I may sustain during this training program and while participating in any other activity related to this event with Fighting Spirit Personal Safety LLC, Tanya Panizzo and all assistants/ instructors in the course.

I understand that this program does not provide a guarantee that I will be free from harm after the class has completed. I understand that it is an awareness program and is provided for the purpose to inform me of options that are available to me.

I understand that there are both physical and emotional components to the program. I also acknowledge that Fighting Spirit Personal Safety may use images, photographs and video for advertising and marketing purposes.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND SIGN IT VOLUNTARILY.

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____

Telephone of parent/legal guardian: _____