

# AGREEMENT AND RELEASE OF LIABILITY

\_\_\_\_\_\*(Please Initial)

This agreement is between \_\_\_\_\_ and *MODEL MUGGING SELF-DEFENSE*, its employees, and the property owners or renters or the various practice locations. In consideration for enrollment in the *MODEL MUGGING SELF-DEFENSE COURSE*, I make the following statements and promises:

I am aware that the course involves strenuous physical activities and personal body contact, and that I will be participating in simulated rape scenarios, which can be physically harmful and/or emotionally stressful. \_\_\_\_\_  
(Please Initial)

I am voluntarily taking *MODEL MUGGING SELF-DEFENSE* with knowledge of the danger involved and I agree to accept any and all risks of injury. \_\_\_\_\_ (Please Initial)

If I have a disability, illness, or am currently seeing a therapist, I promise to consult with my physician or therapist before taking *MODEL MUGGING SELF-DEFENSE*. If I am pregnant, I will provide written consent from my physician to be attached to this release. \_\_\_\_\_ (Please Initial)

I agree that I, my heirs, legal representatives and assigns (1) will not make a claim against *MODEL MUGGING SELF-DEFENSE* for any injury or damage resulting from my participation in the Course, and (2) will release and discharge *MODEL MUGGING SELF-DEFENSE* from all claims or demands arising from injury or damage to me caused by my participation in the course. \_\_\_\_\_\*(Please Initial)

I do not intend to use the information learned in these practice sessions to violate any federal, state, or local laws. I will use the techniques only if I believe I am or another innocent person is in unavoidable danger of great bodily harm or death. \_\_\_\_\_\*(Please Initial)

I promise to defend, indemnify, and hold *MODEL MUGGING SELF-DEFENSE* harmless from any claims and actions by third parties alleging injury from my use of the techniques learned in the course. I have not requested or received any warranties as to the effectiveness of the Course. \_\_\_\_\_\*(Please Initial)

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND *MODEL MUGGING SELF-DEFENSE*, AND SIGN IT OF MY OWN FREE WILL. \_\_\_\_\_\*(Please Initial)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (if minor, parent or guardian signature)

## Participant Information - Please Print

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

**WOMEN'S SELF-DEFENSE,  
EMPOWERMENT AND PERSONAL SAFETY**

**1-800-590-4687**

