

# STRONG ALERT CONFIDENT

## Kaizen International Black Belt Academy

### Women's Self-defense Seminar

1833 E Harmony Rd #5 Fort Collins, CO 80528 (970) 204-9977 KaizenIBBA.com

Participant: \_\_\_\_\_ If under 18, parent/guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Release of Liability

I understand that the subject matter addressed in this seminar will be of a sensitive nature relating to potential attacks of sexual or violent nature.

I understand this Self Defense Seminar has been designed to provide me/my child with the safest and most effective way to survive and escape a physical assault. However, I understand that the instructors cannot guarantee my safety through the use, or misuse, of the techniques taught in this Self Defense Seminar.

In consideration of my participation in martial arts self-defense training offered by International Black Belt Academy I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to assume all such risks. I further relieve the school, its management, assigned staff, and fellow students from any liability resulting in loss, whether of personal belongings or physical injury. I also hereby state that the participant is physically fit to participate in this type of training. I understand that this training is in exchange for an agreed upon fee and I further understand that there is a no refund policy on any money I pay to International Black Belt Academy.

Are there any medical concerns/physical conditions that Kaizen staff should be aware of?

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X \_\_\_\_\_  
Participant

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Parent/Guardian

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
School Representative

X \_\_\_\_\_  
Date