



Gloucester
Ottawa **SELF-DEFENCE**

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Waiver Form (Please Print Clearly)

Name _____ E-mail _____

Address _____ City, Prov _____

Postal Code _____ Date of Birth (yyyy/mm/dd) _____ Phone _____

How did you find out about GO Self-Defence? _____

If you have any injury, illness or other condition, which might restrict your training, please specify below;

if not write "none."

I **understand** that participation in self-defence and/or martial arts training may be physically demanding, and that participants who have been inactive or have medical problems which may restrict their activity, are advised to consult their physician before starting training. I also understand that, as in any sport or fitness program, training can involve risk of normal injury. My signature on this form indicates my acceptance of such risks. I hereby release the Gloucester Ottawa Self-Defence Club, Gary Eikenberry, the facility where my training occurs and any other instructors or agents thereof from any claim for loss or injury sustained in the course of any training program it offers, however caused.

I **agree** to conduct myself in accordance with the rules and regulations of the Club and the direction of its instructors, and acknowledge that my failure to do so may contribute to the injury of myself or others. I further acknowledge that my failure to observe the rules and regulations of the Club may result in my expulsion, and that, in the event of such expulsion, membership and/or other fees paid to the Club are non-refundable.

With my signature below, I accept the terms and conditions, stated on this form, to train with the Gloucester Ottawa Self-Defence Club and agree to the use of my picture in still and video images taken during Club classes or events in printed and electronic promotional materials.

Signature of student _____

Signature of parent/guardian _____ (if student is under 18 years of age)

For Instructor's Use Only

Membership (write "Membership") **or specify event** _____

Signature of club representative _____

Fee Paid (or N/C) _____ Date _____