

# Self Defense & Personal Safety

## Registration Form - Fall 2009



Reduce personal and community risk with these safety and self defense classes.

### What Will This Program Teach Me?

All classes are taught by experienced, nationally certified Rape Aggression Defense (RAD) safety instructors. Participants will be able to better identify and reduce risk for yourself and the community and will have an increased knowledge of how to handle and avoid potentially harmful situations with basic self defense tactics. Each participant will receive a workbook/reference manual which outlines the entire Physical Defense Program for reference and continuous personal growth. Please wear comfortable, athletic clothing and closed toe athletic shoes.

### Scholarships:

Scholarships are available for individuals needing financial assistance. Please visit [wellbeing.wsu.edu](http://wellbeing.wsu.edu) for more information and scholarship applications.

<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Complete Class:</b> <b>Dates:</b> Wednesdays- Sept 9 – Oct. 14 (reg. by 9/5) <b>Time:</b> 7:00pm – 9:30pm, Conditioning Center- (\$40/55)	<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Intro Class:</b> <b>Dates:</b> Wednesday, September 16 (reg. by 9/12) <b>Time:</b> 4:00pm – 6:30pm, CUE 518- (\$8/12)
<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Part 1:</b> <b>Dates:</b> Saturday, September 26 (reg. by 9/22) <b>Time:</b> 9:00am – 5:00pm, Conditioning Center- (\$27/37)	<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Intro Class:</b> <b>Dates:</b> Wednesday, October 7 (reg. by 10/4) <b>Time:</b> 4:00pm – 6:30pm, CUE 518 - (\$8/12)
<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Part 1:</b> <b>Dates:</b> Saturday, October 17 (reg. by 10/13) <b>Time:</b> 9:00am – 5:00pm, Conditioning Center- (\$27/37)	<input type="checkbox"/> <b>Men's Violence Prevention Class:</b> <b>Dates:</b> Wednesdays - Oct. 21- Nov. 18 (reg. by 10/17) <b>Time:</b> 7:00pm -9:30pm, Conditioning Center- (\$40/55)
<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Complete Class:</b> <b>Dates:</b> Saturdays, Oct. 24 – Nov. 7 (reg. by 10/20) <b>Time:</b> 10:00am – 2:00pm, Conditioning Center- (\$40/55)	<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Part 2:</b> <b>Dates:</b> Sunday, November 15 (reg. by 11/11) <b>Time:</b> 9:00am– 1:30pm, Conditioning Center- (\$17/23)
<input type="checkbox"/> <b>Women's Self Defense &amp; Personal Safety Intro Class:</b> <b>Dates:</b> Thursday, November 19 (reg. by 11/15) <b>Time:</b> 7:00pm – 9:30pm, CUE 518- (\$8/12)	

With receipt or proof of purchase, Our **refund policy** is: full refunds given until the registration deadline. 50% refunds given until the day of class. Sorry, no refunds given once class begins

Please complete the following and return this form to the Student Recreation Center service counter.

Name:	Email:	Phone:
WSU ID:	Address:	
SRC Member?      Yes    No	If no, please provide Driver's License	

**Accessibility Info:** Reasonable accommodations are available with adequate prior notification. Call Joanne Greene at 335-9669 or Jeff Elbracht 335-9668 for more information .

# University Recreation Self Defense & Personal Safety

## Assumption of Risk and Release of Liability

PLEASE READ BEFORE SIGNING!



### Assumption of Risk and WARNING!

In consideration for being allowed to utilize University Recreation Self Defense and Personal Safety programs, services, facilities and equipment as well as traveling to or from any activity or program organized or affiliated with the University Recreation Department, either on or off any Washington State University properties, I voluntarily agree to assume all risks involved in participating in, traveling to or from, or using University Recreation Self Defense and Personal Safety programs, services, facilities and equipment. I understand that direct supervision by Washington State University staff may not be provided and by participating in, traveling to or from, or using the programs, services, facilities of University Recreation, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, emotional trauma, disfigurement, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in, traveling to or from, or use of University Recreation programs, services, facilities, and equipment that cannot be specifically listed. I also recognize that the actions of other users of University Recreation programs, services, facilities, and equipment may cause harm or loss to my person or property and agree to assume the risks of same.

### Release of Liability

I, my heirs and assigns hereby release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I may otherwise sustain as a result of my participation in, traveling to or from, or using University Recreation Self Defense and Personal Safety programs, services, facilities and equipment. I also release the UNIVERSITY GROUP from loss or damage to my person or property caused by other users of University Recreation programs, services, facilities, and equipment.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and I sign it of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

*If participant is 17 years old or younger, please use a Youth registration form.*

Name (please print): \_\_\_\_\_

Signature of the Witness to the Signing of this document: \_\_\_\_\_

Witness Name (please print): \_\_\_\_\_

**NOTE:** We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of University Recreation programs, services, facilities and equipment. **If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene at 509-335-8732, SRC Room 250, WSU.**

<b>Date:</b> _____		<b>Amount:</b> _____		<b>Form of Payment:</b> Cash      Check      Credit      Cougar Cash			
<i>For Office Use Only</i>							
<b>Renewal Bonus:</b>	<b>Coupon Type:</b> Pick 2 \$10						
<i>Entered into Database:</i>				<b>Service Desk Staff Initials:</b>			
<i>For Main Office Use</i>							