



**ABKA-North Heights Enrollment Form
Self Defense Course**

Student's Name _____

Email Address _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Date of Birth: _____

Parent/Guardian Emergency Contact Information: _____

Relationship _____

Alternate Phone #: _____

Briefly describe what your goals are and/or what you hope to accomplish through self-defense training

A _____

B _____

C _____



NORTH HEIGHTS
LUTHERAN CHURCH

ABKA-North Heights Hold Harmless Waiver

Name: _____ Phone _____
Address: _____
City: _____ State: _____ Zip _____
Emergency Contact: _____ Phone: _____

I, _____, hereby release North Heights Lutheran Church, its employees, volunteers, and all parties involved with the teaching of this course, and all involved with the location of the course from any personal injury, emotional or bodily harm sustained or suffered from me during, arising out of, or as a result of any activity associated with this karate/martial arts/self-defense course. I further release said individuals and involved parties from all claims of liability for any property or valuables lost, mislaid, or stolen. I do not have, to my knowledge, any physical condition or disability that would preclude my participation in this program. I understand the terms above and complete responsibility for my health and wellbeing in this program.

Please initial the following:

_____ I understand that this course will involve strenuous physical activity and physical contact and may be hazardous and result in personal injury.

_____ I understand that, given the nature of this course, there may be fake weapons used for demonstration and scenario training. I understand the need for such tools and props in the context of the material presented and agree to their use within the course.

_____ I understand that the training provided in this course will in no way guarantee that I will be impervious to an assault or attack of any kind. The above-named parties and their parties will not be held liable for any damages or injuries sustained in an actual self-defense situation.

_____ I understand that, depending on my personal history, participation in this course may be an emotionally challenging experience that lasts beyond the confines of this course.

_____ I understand that, at any time during the course, I am free to stand aside and not participate in any activity or part of any activity, whether it is for physical or emotional reasons.

_____ I understand these techniques are strictly for training and self-defense use. I will only use the physical techniques to defend against someone in deadly force situation.

_____ I understand that the instructor reserves the right to dismiss me from class for any reason; including but not limited to: overall lack of control, disrespect, or any other behavior that would be disruptive or may result injury to me or another student.

_____ I understand that I may not teach or instruct any material learned in this course to other parties or share any videos recorded without expressed written consent from North Heights Lutheran Church.

I sign realizing that my participation in this karate/martial arts/self-defense course may have the potential to subject me to personal injury and bodily harm. I further have read the above statements and fully understand the contents of this release indemnity and hereby accept and agree to the terms, conditions and provisions written here.

Signature: _____ Date: _____

Parent signature (if minor): _____

Relationship: _____