



One Light Self-Defense Waiver

Attire: Comfortable clothes & gym shoes
(Please refrain from wearing jewelry.)

Name: _____ Age: _____

Phone: _____

Email: _____

I understand, acknowledge, and hold Parkview Christian Church and its self-defense volunteers harmless from any liability arising out of my participation in this activity. I accept the risk involved in this event and know that I may suffer or experience personal injury or bodily damage; I fully assume responsibility for such risk.

Signature: _____ Date: _____

Parent Signature _____ Date: _____
(if under 18)