



## S.A.F.E. Registration & Release Form

Hover form fields for instructions.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of birth \_\_\_\_\_

Mailing address Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

NSDI/S.A.F.E. program location \_\_\_\_\_ Course date \_\_\_\_\_ Primary instructor \_\_\_\_\_

I, the undersigned, having agreed to participate in the National Self-Defense institute NSDI/S.A.F.E PROGRAM, acknowledge that I have been fully informed as to the details of the course; that although it is not a physical self-defense course it involves physical activity limited in nature, all of which has been explained to me and which I understand. I further acknowledge that the training is rudimentary and does not provide the proficiency that would be more attainable from a basic physical self-defense course, and is dependent on continues practice, the exercise of good judgement and a person's natural abilities.

I do hereby release the City of Coral Springs, its employees, representatives, and agents, and the National Self-Defense Institute, INC. (a not-for-profit corporation), any of its officers, directors, members, programs partners, agents, volunteers, program participants, sponsors, instructor(s), and employees, from any and all liability of whatsoever nature in any way related to the participation in the NSDI/S.A.F.E PROGRAM whether during the training or thereafter.

Signature & date \_\_\_\_\_





## Training Safety Precautions & Expectations

Course date \_\_\_\_\_ Primary instructor \_\_\_\_\_

- Report any injury or discomfort to your Instructor immediately. If something does not “feel right” report it.
- Please do not exert yourself in any way during this program
- Make eye contact with your Instructor and advise them of your condition when “Wellness Checks” are conducted.
- Ask questions when something is not clear to you.
- Never use more than light touch contact on training props during this program.
- Weapons are not permitted in the training environment. This includes but is not limited to pepper sprays, electronic devices, key chain impact devices, firearms and/or their ammunition.

Participant name \_\_\_\_\_ Signature & date \_\_\_\_\_





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## Release and Waiver - Adult

Hover form fields for instructions.

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Participant name

Program & activity

In consideration of the City of Coral Springs granting me the permission to participate in the above-named activity, I hereby agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its Commission members, employees, agents, and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, gross negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with the City of Coral Springs related to the activity.

I agree to obey, at all time, all instructions, orders, and commands given me by City of Coral Springs' employees in command. I fully realize and appreciate the possibility that situations will arise which may result in my being exposed to danger of physical harm or injury through the negligence of third parties or the City of Coral Springs. I nevertheless, freely accept these risks.

I certify and warrant that I am in good physical condition and able to participate in the above activity.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on \_\_\_\_\_

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Participant signature & date