



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.

Parent/guardian
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 _____ Parent/guardian signature & date _____





Release and Waiver - Minor Child

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN PURSUANT TO SECTION 744.301, FLORIDA STATUTES

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

YOU ARE AGREEING THAT EVEN IF THE CITY OF CORAL SPRINGS USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED.

BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE CITY OF CORAL SPRINGS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE CITY OF CORAL SPRINGS HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Release and waiver

Hover form fields for instructions.

Parent/guardian name	Name of minor child	Program & activity

In consideration of the City of Coral Springs granting my child permission to participate in the program named above. I give permission for my minor child (named above) to participate in the above-named activity and hereby agree to sign this Release and Waiver.

In consideration for the City of Coral Springs granting my child permission to participate in the activity, I, both individually and in the representative capacity of my child, 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, or otherwise of the releasees. In addition, I agree to release against all claims, demands, and actions arising out of either my own and/or my minor child's actions or involvement with the City of Coral Springs.

I certify and warrant that my minor child is in good health and physical condition and is able to participate in the activity.

Additionally, I agree that my minor child will adhere to all applicable rules and regulations of the City of Coral Springs.

I have carefully read the foregoing release and waiver, including the statutory notice on the first page, and know the contents thereof. I understand the contents of this Release and Waiver, and I am signing 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 _____

Parent/guardian signature & date	Witness signature & date