

KRAV MAGA:
WOMEN'S SELF DEFENSE CLASS
RELEASE/REGISTRATION FORM

STUDENT'S NAME _____
(Please print clearly)

EMAIL ADDRESS _____
(Best one - please print clearly)

PHONE NUMBER(S) _____
(Best one: home or cell)

How/Where did you hear about **Krav Maga/KMSD**? _____
(i.e. which internet search engine; flier location; magazine/newspaper name, etc.)

"I am / was registered in a **regular KMSD 8-week session**" in 2010: (Circle one) YES / NO

"I have attended a prior **KMSD Women's Self-Defense Seminar**: (Circle one) YES / NO

ASSUMPTION OF RISK: WAIVER

I hereby enroll in the Krav Maga Women's Self Defense Class. I understand that I have been admitted to the current class and all future classes based in material part on this Assumption of Risk: Waiver. I have been fully informed of the nature of the class and the physical danger thereof and have seen a demonstration of some of the techniques and risks. I accept all risks and agree to hold Krav Maga San Diego, Inc.; Dana Ben Kaplan; the instructors; assistant instructors; assistants; Lawrence Family Jewish Community Center; and all other members of my class, harmless from all liability, injury, and damages in connection with my participation in all Krav Maga classes, workouts, seminars, and activities. I am not here to market other krav maga programs.

Registration fees non-refundable.

I am paying via the **KMSD** website with **PayPal** _____

I am paying via **check**, mailed with this registration _____

Checks are made out to: " **KRAV MAGA SAN DIEGO, Inc.,**" (NOT the JCC)

and Mailed to: **Krav Maga San Diego Inc, P.O. Box 13453, La Jolla, CA 92039-3453**

(NOT the JCC)

I have read this release and agree to its terms and conditions (please sign **before** mailing in):

STUDENT'S SIGNATURE: _____

WITNESS: _____ DATE: _____

(we can witness)

PARENT'S SIGNATURE: _____

(required if student is under 18 years of age)

Krav Maga San Diego, Inc.
P.O. Box 13453
La Jolla, CA 92039-3453
(619) 682-7090

www.KravMagaSD.com

For office use only

Check No. _____

Date Paid _____

Amount _____

Prior Participant / Registered Student? _____