

Hit and Run Self Defense Ltd.

Assumption of All Risks of Injury and Wavier of Rights

INJURY & ILLNESS (COVID-19): Everyone participates at their own risk of personal injury, infectious disease or other. **This includes children whose guardians have registered for them.** Before each class, I agree to review and remove myself/children if previously advised of possible exposure to COVID, have recently travelled outside of Canada (3 weeks) or are experiencing any symptoms of illness (fever, cough, difficulty breathing, fatigue or weakness, muscle or body aches, sore throat, diarrhea, vomiting, conjunctivitis, headache, loss of taste or smell, skin rash, chest pain/pressure, etc.).

I am aware that Covid-19 is a worldwide pandemic virus transmitted via liquid droplets from an infected person through the eyes, nose, or throat when in close contact. I understand that there is risk of transmission to participants during activity and that best practice protocols to reduce the spread of infection may be changed as new information develops.

Voluntary Assumption of Risk: I fully understand that minor or serious injury is possible in participation of self-defense classes which may include physical contact with instructors and other students who have limited experience or no safety knowledge. If I have a preexisting health condition, I will be responsible to obtain a doctor's approval.

TRAINING AREA (ONLINE): Be sure to have a safe area to put your viewing device and clear your training space of anything you do not want to bump into or trip on. No toys, no slippery surface, no hard furniture, etc. Give yourself lots of room. Keep training equipment away from children's reach and public view.

HEALTH AND INSURANCE: Each individual (or guardian) is responsible to know the general state of health of the participant and to certify that he or she has no disability or medical condition which would make participating inadvisable both now and in the future. Each participant or their guardian is responsible to have health insurance coverage sufficient to cover all medical, dental, and any other health care expenses for any injury.

MATERIALS: The self-defense techniques shown may cause serious harm or death to an assailant and must be only utilized if imminent physical harm is unavoidable and proportionate to the applicable laws regarding self-defense in your country. The material, techniques and other information presented is exclusive property of Hit and Run Self Defense Ltd. and may not be recorded or reproduced in any way.

Sessions/Communication: Classes, workshops, camps, on-line, etc. are self-defense programs taking place inside or outdoors from which participants are responsible for their personal belongings during the sessions. I agree to being contacted electronically and have provided an email address for updates & general information. I understand that classes may be recorded by Hit and Run Self Defense Ltd. staff or directors and any images may be used for promotional materials.

WAIVER/RELEASE: I agree, for myself, my heirs, and/or my legal representatives, to indemnify, release and hold harmless Hit and Run Self Defense Ltd., its trainers, coaches, officers, agents, other participants, students, employee's as well as the owners, staff and operators of any facilities used by Hit and Run Self Defense Ltd. from any action, claim, or demand for any loss, damage, expense and all injuries I may suffer or sustain, regardless of cause or fault, including any negligence of the released parties, as a result of my voluntary decision to participate in the activities related thereto.

I assume all risks of injury, loss, viral infection, or expense of any kind resulting from participation by myself or that of someone I am the legal guardian. This release applies to every session or location.

I have read, understood, and fully agree to the foregoing. Any questions have been answered to my satisfaction before participating. By participating, you will waive legal rights including the right to sue.

Please Read Carefully Before Signing. *Must be signed by legal guardian if under 19 years.

DATE: _____ EMAIL: _____

Signatory Name (print): _____ Signature: _____

Participant(s) Name (print): _____ Signature: _____

Participant(s) Name (print): _____ Signature: _____