

Fairfax County Police Department Self-Defense Program Waiver of Liability

I, _____, hereby agree to the following:

1. That I am participating in a self-defense classes, programs or workshops offered by the Fairfax County Police Department which I will receive information and instruction about self-defense. I recognize that the class requires physical activity that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the self-defense program. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in the class.
3. In consideration of being permitted to participate in the self-defense program, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.
4. In consideration of being permitted to participate in the self-defense program, I knowingly, voluntarily and expressly waive any claim I may have against the Fairfax County Police Department for injury or damages that I may sustain as a result of participating in the program.

I have read the above release and waiver of liability and fully understand its contents, I voluntarily agree to the terms and conditions stated above.

SIGNATURE OF PARTICIPANT / DATE

If participant in under 18
AS LEGAL GUARDIAN OF: _____
I CONSENT TO THE ABOVE TERMS AND CONDITIONS

SIGNATURE OF PARENT/GUARDIAN OF PARTICIPANT / DATE