

## PLEASE PRINT ALL INFORMATION REGISTRATION/RELEASE FORM (PLEASE PRINT)

Name:			
Address:			
City:		Zip:	
Email Address:			
Phone Number:			
NSDI/S.A.F.E. PROGRAN			
Date: Prim	nary Instructor:		
I,	the	e undersigned, having agreed	to
acknowledge that I have although it is not a compl limited in nature, all of v further acknowledge tha proficiency that would b	been fully inform ete physical self-det which has been expet the training is recovered more attainable	se Institute NSDI/S.A.F.E. Progned as to the details of the course; efense course it involves physical actorianed to me and which I understarudimentary and does not provide from a full basic physical self-defice, the exercise of good judgement a	that tivity nd. I the the
Miami-Dade County, its I servants harmless from a injury, or death arising ou agree to waive, knowingly equitable, arising out of a	Board of County Could liability for prost of the training or it of the training or it and intentionally, any intentional or not of Miami-Dade Court	t to be received, I hereby agree to ommissioners, its employees, agents operty damage, physical harm, persinstruction provided to me, and I fur, all rights or claims to damages, leguigent acts or omissions by me, or ounty, or a malfunction of any equiparts.	, and sonal rther gal or any
The Village of Palmetto National Self-Defense Instituctors, members, programmers, instructor(s), as whatsoever in any way whether during the trainit Police Department and the self-control of the self-control of the trainit process.	Bay, its employees stitute, Inc. (a not-forgram partners, age and employees, from the particular or thereafter, and e Village of Palmone.	penefit to be received, I do hereby reces, representatives, and agents, and or-profit corporation), any of its officents, volunteers, program participom any and all liability of any naticipation in the NSDI/S.A.F.E. Program I specifically release the Miamiletto Bay and its agents, employees or negligence of NSDI/S.A.F.E. Program	the icers, ants, ature gram, Dade and
X		X	
Signature of participant		X Signature of parent if participant is minor	a