



Waiver form MUST accompany your Child

If student has an existing medical condition which may be questioned in the student performing physical activities AZPLAYITSAFE will require a medical statement from your doctor before student participates in classes. By parents signing this application, they acknowledge he or she (student) is in good health and may perform physical activities. Student, or their parents, acknowledges the existence of the potential for personal injury in participating in a course of instruction in an activity such as self-defense training, and that he/she is assuming this risk without liability to AZPLAYITSAFE or its instructors, by executing this agreement and participating in said course of instruction. Also, I hereby release AZPLAYITSAFE, their instructors and assistants of any liability should the above student violate state law regarding the use of force.

Students name: _____ Parents Signature: _____

Date: _____ Phone Number _____ E-mail _____

For more information go to www.azplayitsafedefense.com