

Combat Objective Battle Ready Applications (C.O.B.R.A)

Class Registration:

Student: _____ Age: _____ Phone: _____

email: _____ Occupation: _____

Parent (if under 18) : _____

Reason for self-defense training? _____

What do you want most out of your training? _____

Previous self-defense experience? _____ If so where? _____

How long? _____ Reality based training experience? _____

Emergency Contact Information

Contact #1: _____ **Cell Phone:** _____

Relationship: _____ **Alt Phone:** _____

Contact #2: _____ **Cell Phone:** _____

Relationship: _____ **Alt Phone:** _____

I understand that I will be participating in a self-defense program that has a real-life training emphasis. This may include scenarios, drills and training that directly simulate reality, including (but not limited to) verbal, physical, psychological, gesture, aggressive language, etc. This is done for professional training purposes to simulate real life events. Students will conduct themselves in a professional and safe manner around instructors and other students to maximize a safe training environment. All rules and regulations set forth in this program must be followed. This program may not be re-created in any fashion without express written consent. Students must realize that the techniques and training they learn in the program must only be used in an absolute time of need and can cause serious bodily harm and/or death to another person.

WAIVER

I fully understand that the instruction, classes and use of any facility are physical in nature and as such there is a risk of injury. I accept all such risk for any injury that I may incur through my participation in classes, instruction and use of facilities. I understand that there is physical contact between myself, the other students and the instructors and this contact is an unavoidable part of training that exposes me to injury. I also understand that proper instruction can not and will not eliminate the risk of injury. Bsafe Defense LLC recommends that you undergo a physical examination before undertaking this activity. I understand that my failure to have a physical exam performed may result in a condition causing serious injury or death. I hereby further represent that I have no medical or other condition that would expose me to any type of unusual risk while participating in classes, instruction and use of facilities. If I am signing this waiver for a minor child I agree that all the terms and conditions contained in the waiver shall apply to the child or children enrolled. I understand that Bsafe Defense LLC is at no time responsible for the supervision of children other than in class and even then only to the limits of verbal correction. I agree to be responsible for and supervise my children and my guests brought into the facility. By signing below I hereby release and hold harmless Bsafe Defense LLC its instructors, employees, sub-contractors, agents and assignees harmless from any claim or cause of action resulting from any matter relating to the above points as well as any other injury I may receive through my classes, instruction and use of the facilities.

Student Print: _____

Student Signature: _____

Parent (if under 18) Print: _____

Parent Signature: _____