

KRAV MAGA REGISTRATION AGREEMENT & WAIVER

Thank you for investing in the **Krav Maga Defensive Tactics Seminar** taught by Krav Maga Worldwide certified instructor, **Michael A. Rozin**.

Participant Name:	
Organization Name:	
Address:	
City, State, Zip	
Phone:	
Email:	

Seminar Date/Time:	October 20, 2010 – 0830 to 1630 hours
Seminar Location:	St. Paul Police Department
Address:	100 East 10 th Street, 2 nd Floor Gym Facility
City State, Zip	St. Paul, MN 55101
Fee per Participant:	\$45 (payable by check only)

Please make check payable to **Rozin Security Consulting** and mail along with this form no later than **October 4, 2010** to:

Rozin Security Consulting
2219 Pillsbury Ave So
Minneapolis, MN 55404

WAIVER AND RELEASE AGREEMENT

"Participant" is aware that participation in a sport or physical activity exercise such as Krav Maga may result in accident or injury, and assumes the risk connected with such participation. Participant represents that he/she is in good health and suffers from no physical impairment, which would limit their use of the equipment or participation in the training, or any physical impairments have been disclosed on this form. Participant acknowledges that the instructor has not and WILL NOT render any medical services including medical diagnosis of participants physical condition. Participant specifically agrees that the instructor, its employees, its agents, the City of St. Paul and any of its agents, Krav Maga Worldwide, Inc. and Krav Maga Association of America shall not be liable for any claim, demand, cause of action of any kind resulting from or related to participants use of equipment or participation in training and fitness programming within or without the selected training premises, and the client agrees to the instructor, its employees, its agents, the City of St. Paul and any of its agents, Krav Maga Worldwide, Inc. and Krav Maga Association of America and its affiliates harmless.

Signature:	
Printed Name:	
Date:	

