



Release of Liability Waiver

I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in any classes given by **Watchmen Defense Training Group, LLC.**

I hereby release **Watchmen Defense Training Group, LLC**, its owners, employees and participants from any claims, demands, and causes of action arising from my participation during any training that **Watchmen Defense Training Group, LLC.** may provide.

I fully understand that I may injure myself and I hereby release **Watchmen Defense Training Group, LLC.** its owners, employees, and participants from any liability now or in the future, including, but not limited to pulls or tears (muscle, ligaments or tendons), muscle strains, broken bones, joint dislocations, hyper extensions of bones and joints, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, heart attacks, strokes, loss of vision, concussion, dental trauma, death or any other injury or illness however caused, occurring during or after my participation in any class given by **Watchmen Defense Training Group, LLC.**

Before starting this or any other training program, always consult with your doctor.

All students are required to provide their own medical coverage.

I hereby affirm that I have read fully, understand and agree with the above statements.

Signature _____ Date _____
(If under 18 years of age, a parent's signature is required)

Name _____ Age _____

Address _____

_____ Zip _____

Phone _____ Email _____

