



Ryu Shu Kan: Japanese Arts Center

1256 Waverly Ave., Farmingville, NY 11738
631-698-2467 www.ryushukan.com



WAIVER FOR: TEEN SELF-DEFENSE PROGRAM at: Cold Spring Harbor Library, Tuesdays, January 24th and 31st, 7pm – 8pm

NAME: _____ D.O.B / / Age: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

WAIVER Disclaimer:

I, _____ (Parent/Guardian) give my permission for my child to participate in the 2 Session Self-Defense program conducted by the Ryu Shu Kan Instructors; and agree to waive any legal or medical action against the Ryu Shu Kan, its instructors, both personally and in the professional setting of the program; for any injury that may occur during the Self-Defense classes.

Both my Child: _____, and I understand that the Self-Defense techniques being taught require controlled contact with a partner for the purpose of learning how to defend against punches, kicks, grabs, take-downs, throws, and any other type of aggressive action towards my child in the self-defense scenarios practiced in class.

I certify that my child has no physical or medical conditions which would prevent them from participating in such activities, has no symptoms of covid, as they will be touching and grabbing their partners; and has had their child read the above conditions of the Self-Defense classes they will be under-taking.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Child's Signature: _____ Date: _____