



Women's Empowerment and Protection Network

Registration Form



Participant Name: _____

Date of Birth: _____

Address: _____

Telephone: _____ E-Mail: _____

Do you have any health issues including arthritis, joint or spinal injuries, asthma, diabetes, heart disease or high blood pressure that would prevent / hamper you from taking part in moderate physical activity? Yes No

If Yes, please explain _____

Please list a relative to contact in case of Emergency:

Name: _____

Address: _____

Telephone: _____ Relation: _____

Have you ever done any form(s) of Martial Arts or Self-Defence in the past? Yes No

If Yes, please state _____

What are your reasons for participating in the Personal Safety Program? (Please state)

Would you be interested in learning more about Personal Safety through newsletters or ongoing training?

Yes No

Please note that Ontario Martial Arts and Safe City Mississauga are committed to protecting the security of your personal information and will not sell, rent, or trade personal information provided to us through this form. By signing this form you consent to the collection, usage, and storage of your personal information by us towards the development of our programs.

It is expressly agreed that all training and use of training facilities shall be undertaken by a participant or guest at his/her risk, and Safe City Mississauga, Ontario Martial Arts, and its instructors shall not be liable for any bodily injury, injury or accidental damage to property of any member or guest or to be subject to any claim, demand, injury or damage whatsoever without limitations.

The participant or guest, for himself/herself and on behalf of his/her executors, administrators, heirs, assigns and successors, does hereby expressly forever release and discharge Safe City Mississauga, Ontario Martial Arts, its instructors and program participants from all such claims, demands, injuries, damages, actions or causes of action. The organizers, hosts and instructors of this program shall not be responsible or liable to participants or guests for articles damaged, lost or stolen in or about the training area, or for loss or damage to any property including, but not limited to automobiles and contents thereof.

Date: _____ Signature (Parent / Guardian if under 18) _____