

Safety & Empowerment Skills



Hosted by Reflective Wellness

Saturday, March 7, 2020 | 9:00AM-4:00PM (Lunch Break: 12:00PM-1:00PM)

13731 E Rice Pl. #200 | Aurora, CO, 80015

Suggested Donation Amount for course: \$15

For more information, contact Libby at The Blue Bench 303-329-9922 X 315, landerson@thebluebench.org and/or Tisha Jackson at Reflective Wellness 303-257-3746, tjacksonlpc@outlook.com

Gain confidence & realize your personal strength regardless of age or size.

- The Blue Bench believes in empowering those who want to learn and practice self-protection techniques with the opportunity to do so in a safe space, with specific attention to the dynamics of sexual violence that disproportionately impact community members who are female-identified, trans-identified, gender non-conforming, non-binary and gender expansive.
- Our instructors, experienced in self-defense skills, train participants in techniques designed to be effective against a perpetrator regardless of the perpetrator's size and strength.
- Equal time will be spent on teaching effective verbal and physical self-protection techniques, including hand strikes and releases.



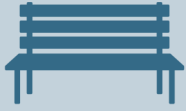
24/7 Sexual Assault
Hotline
303-322-7273



Stay Connected With The Blue Bench



the blue bench
Ending sexual assault
through prevention & care
www.thebluebench.org



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Thank you for your interest *Safety & Empowerment Skills*. This course is open to the public for individuals who are age 13+ years old and female-identified, trans-identified, gender non-conforming, non-binary and gender expansive.

Please register by filling out this form and bringing the completed form with you to class. Please arrive on time, bring along a water bottle, and wear closed-toed shoes and comfortable clothing. We look forward to working with you!

Name: _____ Day Phone: _____

Email: _____

Address: _____

(Street)

(City)

(State)

Age: 13-16 years (must enroll with an older female family member or mentor) 17-54 years 55 years

Have you taken self-defense classes before? Yes No Do you have a martial arts background? Yes No

What do you hope to learn from this class? _____

Do you have any health or medical considerations, special needs, or physical injuries that may affect your ability to fully participate? (Will not disqualify you from being able to enroll)

In consideration of the opportunity given to me to learn self-defense techniques by participation in exercises, including hand-to-hand combat exercises, and in recognition of the possible danger to which I may voluntarily subject myself in these exercises, I hereby knowingly, freely and voluntarily waive any right or cause of action, of any kind whatsoever, arising as a result of any such activity from which any liability may or could accrue to my person associated with The Blue Bench, their heirs, personal representatives or assigns. This waiver shall be binding upon my heirs, personal representatives and assigns.

Name (please print) _____ Date _____ Signature (of guardian if under 18 years of age) _____

Do you (or the participating student) have any health/medical or physical considerations (epilepsy, asthma, pre-existing physical injuries, etc.) instructors should be aware of that may affect your participation in this class? If so, please inform instructors immediately.

Emergency Contact Name: _____ Phone Number: _____