



Putting an end to sexual assault through prevention and care.

Formerly known as RAAP

# SAFETY & EMPOWERMENT SKILLS

## Registration Form

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!

Hosted by Reflective Wellness

Saturday August 3<sup>rd</sup>, 2019

9:00AM - 4:00PM

(Lunch Break 12:00PM-1:00PM)

13731 E Rice Pl. #200

Aurora, CO 80015

### Participant Information

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (Zip)

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

### Tell us about yourself

Have you taken a self-defense class before?  Yes  No Do you have any 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) \_\_\_\_\_

### Self-Protection and Empowerment Training Waiver of Liability

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 of participant (please print) \_\_\_\_\_ Date \_\_\_\_\_ Signature (of guardian if under 18 years of age) \_\_\_\_\_

### Health/Medical Considerations

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: \_\_\_\_\_

*Participating in a self-protection class can bring up concerns and anxiety for many participants. For this reason, we encourage all participants to enroll with a supportive friend or family member. We want to assure you that our classes are open to people of all different physical abilities, sizes and ages. We aim to create a safe and comfortable environment where you can learn about some options you have in defending yourself against an assault.*