SONORA SPARTAN ACADEMY

Self-Defense Training Waiver, Release of Liability, Assumption of Risk, and Medical Consent

Participant Information

Participant Name _____

Date of Birth _____

Phone _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Class/Event Date _____

Location _____

Important Notice

This document affects your legal rights. Please read it carefully before signing. This waiver is intended for use with Sonora Spartan Academy self-defense classes, seminars, workshops, and related training activities.

1. Nature of the Activity

I understand that Sonora Spartan Academy provides self-defense, personal safety, physical training, scenario-based training, and related instructional activities. These activities may include striking movements, defensive tactics, partner drills, controlled physical contact, movement under stress, fitness exercises, verbal de-escalation training, situational awareness training, and scenario-based self-defense practice. I understand that participation may be physically and mentally demanding.

2. Assumption of Risk

I understand and acknowledge that self-defense training involves inherent risks, both known and unknown. These risks may include, but are not limited to, bruises, cuts, scrapes, soreness, sprains, strains, pulled muscles, joint injuries, falls, collisions, accidental contact with another participant, emotional discomfort, stress responses, head, neck, back, shoulder, knee, wrist, or ankle injuries, serious injury, disability, or, in rare cases, death.

I voluntarily choose to participate and knowingly assume all risks connected with the training, whether caused by my own actions, the actions of other participants, the condition of the facility, or the ordinary negligence of the released parties, to the fullest extent allowed by law.

3. Release of Liability

In consideration for being allowed to participate, I hereby release, waive, discharge, and agree not to sue Sonora Spartan Academy, its owners, instructors, assistants, volunteers, staff, agents, contractors, affiliated venues, property owners, and related parties from any and all claims, demands, causes of action, damages, losses, or expenses arising out of or related to my participation in training, including claims involving ordinary negligence, to the fullest extent permitted by California law.

This release does not apply to conduct that cannot legally be released under California law, including gross negligence, reckless conduct, intentional misconduct, or violations of law.

4. Medical Fitness to Participate

I certify that I am physically and mentally able to participate in self-defense training. I understand that it is my responsibility to consult a physician before participating if I have any medical condition, injury, disability, limitation, pregnancy, heart condition, respiratory condition, prior surgery, or any other health concern that could affect my safety.

I agree to immediately notify the instructor of any injury, pain, dizziness, shortness of breath, medical concern, or emotional distress before, during, or after training.

5. Medical Treatment Consent

If I am injured or become ill during training, I authorize Sonora Spartan Academy and its representatives to seek emergency medical assistance on my behalf if they believe it is necessary. I understand that I am responsible for any medical costs, ambulance fees, hospital bills, or related expenses.

6. Safety Rules and Conduct

I agree to follow all safety instructions given by Sonora Spartan Academy instructors. I understand that I may be removed from training without refund if I:

- Act aggressively, recklessly, or intentionally endanger another person.
- Ignore instructor directions or continue after being told to stop.
- Intentionally injure or attempt to injure another participant.
- Use techniques outside the approved training format.
- Appear under the influence of alcohol, drugs, or impairing substances.
- Create an unsafe, threatening, or disruptive environment.

I understand that self-defense techniques taught by Sonora Spartan Academy are for lawful personal protection only. I agree not to misuse the training for bullying, intimidation, retaliation, unlawful violence, or criminal activity.

7. Personal Property

I understand that Sonora Spartan Academy is not responsible for lost, stolen, or damaged personal property.

8. Photo and Video Release

Please initial one:

Initial ☐ **YES**, I give Sonora Spartan Academy permission to use photos or videos of me for marketing, social media, website, flyers, promotional materials, or educational purposes.

Initial ☐ **NO**, I do not give permission for my image or likeness to be used for promotional purposes.

9. Refunds and Cancellations

I understand that class fees, cancellation policies, and refund policies will be explained at registration or before payment. I agree to follow the stated policy for the class, seminar, or event I attend.

10. Minor Participants

For participants under 18, a parent or legal guardian must sign below. The parent/legal guardian gives permission for the minor to participate and accepts responsibility for the minor's participation, medical condition, conduct, and any costs related to injury or medical treatment.

Because waivers involving minors can receive extra scrutiny, this section should be reviewed by an attorney before using it for youth classes.

11. Acknowledgment

I have carefully read this agreement. I understand that by signing it, I am giving up certain legal rights. I sign this agreement voluntarily and understand its terms.

Participant Signature

Participant Signature _____ Date _____

Printed Name _____ Phone _____

Parent/Guardian Signature - Required if Participant is Under 18

I am the parent or legal guardian of the minor participant named above. I give permission for the minor to participate in Sonora Spartan Academy training and agree to the terms of this agreement on behalf of myself and, to the extent permitted by law, the minor participant.

Parent/Guardian Name _____ Parent/Guardian Signature _____

Date _____ Phone _____

Email _____ Relationship to Minor _____

Note: This template is not legal advice. Have your insurance carrier and a California attorney review the final waiver before using it with paid classes or minors.