



MSMA Workshop Registration Form

Events: All-In Women's Self Defense Workshop

Seminar Date: March 16th, 2024

Workshop Fees: \$60.00 online / \$80 at the door

Location:
Brave Church
3337 North Academy Boulevard
Colorado Springs, CO 80917

Please make checks payable to:
MSMA
Register online at:
<https://www.mountainshadowsmartialarts.com/upcoming-events.html>

Name: _____ Age: _____
Address: _____
Phone: _____ Email: _____

WAIVER AND RELEASE OF LIABILITY

I, _____, and my heirs, in consideration for my being allowed to participate in an activity hosted by Mountain Shadows Martial Arts (MSMA), I hereby release the officers, employees and agents, the workshop organizers, MSMA or anyone involved in any way with the workshop from any liability for damage to, or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating at, or in a MSMA hosted activity. I understand the risks of such participation, which include broken bones, strains, sprains and fatigue, to name but a few. I agree to abide by posted safety rules, adhere to the wearing of appropriate clothing and safety equipment and to conduct myself in a safe and responsible manner. I attest and verify that I am physically fit to participate in these activities. I further understand that MSMA provides no medical coverage for these activities. Should I incur medical expense, I understand that I am solely responsible for such costs. I also agree that any photos and videos taken of me during the workshop can be used by the workshop organizers for publicity or promotion without compensation to me. I understand that participation is voluntary, and I freely choose to participate. I have read the above information thoroughly and voluntarily agree to the terms and conditions.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Parent Signature if less than 18)