



South Kingstown Police Department

Participant Information and Release of Liability Form

Women's Self-Defense Class



Participant's Last Name	Participant's First Name	Date of Birth
Current School or Employer	Grade	
Address	City	State
Parent / Guardian (full name)	Primary Phone	Participant Primary Phone
Primary Email Address: _____		

RELEASE OF LIABILITY - ASSUMPTION OF RISK – PHOTO USAGE AGREEMENT

I agree to the unreserved use of my or my child's name and/or likeness (including photographs, videotapes, and other depiction either in print or on social media) FOR PUBLICIZING South Kingstown Police Department activities. In CONSIDERATION of the acceptance of the application for entry into the classes or activities, I hereby WAIVE, RELEASE and DISCHARGE any and all claims for damages for death, personal injury, or property damage which the participant may have, or which may hereafter accrue to the participant as a result of their participation in said classes or activities including field trips. This release is intended to discharge in advance the Town of South Kingstown, the Town Council, the South Kingstown Police Department, its officers, agents and employees from liability for any incident due to participation in said classes or activities. I have read description of the program and release any and all liability arising out of or connected with the participant or activity for which the participant is registered and I am aware that these classes or activities subject the participant to physical risks and dangers. Nevertheless, I voluntarily agree to assume any and all risks of injury or death, and to release, discharge and hold harmless all of the entities or persons mentioned above. It is understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs, personal representatives, next of kin, spouse and assigns.

SIGNATURE : _____ **DATE:** _____

Signature also indicates you are allowing the participant to attend scheduled trips while participating in this program.

Participant Information:

To better serve the participant, please share any information about their behavior, physical, emotional or mental health about which we should be aware. These may include shyness, socialization difficulties, issues with stress, learning style, etc. Please list any strategies used to manage the concern or to enhance your child's ability to be more successful and happier while participating in our program.

This portion of the form is for you to list any information such as but not limited to: allergy, medical, dietary, physical, emotional or other for the participant. Please fill out the information as completely as possible.

***If the participant does not have any restrictions, allergies, or does not require any medication please initial here _____.**

Participant History: If the participant has any special conditions, needs or limitations as this will help our staff prepare in advance and help better serve the needs of the participant during the class or activity.

Dietary Restrictions: If the participant has any dietary restrictions, please provide instructions.

Allergies: If the participant has any allergies or is sensitive to anything, please check and explain any procedures staff should be aware of in the event reactions occur:

Medications: If the participant requires ANY medication during program hours, it's important to note that staff is not permitted to administer ANY medication. Your child should be aware of when to take it.

Name of Medication/Reason: _____
 Name of Medication/Reason: _____