

AGREEMENT AND RELEASE OF LIABILITY

This agreement is between _____ and *MODEL MUGGING OF DFW*, its agents or assigns, and the property owners or renters or the various Course venues. In consideration for enrollment in the *MODEL MUGGING OF DFW* Course, I make the following statements and promises:

I am aware that the course involves strenuous physical activities and personal body contact, and that I will be participating in simulated rape scenarios, which can be physically harmful and/or emotionally stressful. _____(Please Initial)

I am voluntarily taking *MODEL MUGGING OF DFW* with knowledge of the danger involved and I agree to accept any and all risks of injury. _____ (Please Initial)

If I have a disability, illness, or am currently seeing a therapist, I promise to consult with my physician or therapist before taking *MODEL MUGGING OF DFW*. If I am pregnant, I will provide written consent from my physician to be attached to this release. _____ (Please Initial)

I agree that I, my heirs, legal representatives and assigns (1) will not make a claim against *MODEL MUGGING OF DFW* for any injury or damage resulting from my participation in the Course, and (2) will release and discharge *MODEL MUGGING OF DFW* from all claims or demands arising from injury or damage to me caused by my participation in the course. _____*(Please Initial)

I do not intend to use the information learned in these practice sessions to violate any federal, state, or local laws. I will use the techniques only if I believe I am or another innocent person is in unavoidable danger of great bodily harm or death. _____*(Please Initial)

I promise to defend, indemnify, and hold *MODEL MUGGING OF DFW* harmless from any claims and actions by third parties alleging injury from my use of the techniques learned in the course. I have not requested or received any warranties as to the effectiveness of the Course. _____*(Please Initial)

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND *MODEL MUGGING OF DFW*, AND SIGN IT OF MY OWN FREE WILL. _____*(Please Initial)

Date: _____

Signature (if minor, parent or guardian signature): _____

Participant Information - Please Print

Name Phone Date of Birth

Address City Zip Code

**WOMEN'S SELF-DEFENSE, EMPOWERMENT AND PERSONAL SAFETY
817-600-7003**