

Washington Township Parks & Recreation &
Washington Township Police Department

Self-Defense Class

“**Self-defense:** the use of reasonable force to protect oneself or members of the family from bodily harm from the attack of an aggressor, if the defender has reason to believe he/she/they is/are in danger.” This class will demonstrate physical techniques, security tips, and how to avoid potentially dangerous situations.”

Instructor: Sergeant Brian Bigham

Location: W.T. Senior Center,
35 East Springtown Rd., Long Valley

Time: 4:30 pm-5:30 pm **Who:** Adults

When: Mondays, June 3rd and 10th, 2019
(Class is Free)



****Deadline Date May 24, 2019****

If you have any questions, please call the Recreation Department at 908-876-5941. Email your filled out flyer and Hold Harmless Agreement to recreation@wtmorris.net or mail it to:
Washington Township Recreation, 50 Rock Road
Long Valley, NJ 07853

Name: _____

Phone #: _____ Email Address: _____

I authorize WTP&R to submit photos to wtmorris.org _____ (please initial)

Read and sign below: I am fully aware of the risks inherent and hereby give my consent for the above named registrants to participate in this activity offered by Washington Township Recreation. I hereby release Washington Township & instructors, any of its elected or appointed officials, employees, and volunteers from any and all liability from injuries, claims, demands, costs, loss of services, expenses or damages sustained by me, us, or our minor children due to his or her participation in said event.

Registrant Signature: _____ Date: _____

****A Participant Liability Waiver and Hold Harmless Agreement must be filled out and signed in order to participate in this class (found on the back of this form).****

WASHINGTON TOWNSHIP PARKS & RECREATION

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering/participating in the program(s), or by registering for participation in this program(s), you will be waiving your rights to all claims for injuries you might sustain arising out of this program(s) and you will be required to indemnify, hold harmless and defend the **Washington Township Parks & Recreation** and **any fitness/exercise instructors** for any claims arising out of participation in said program(s)

I _____, sign this Hold Harmless as my Voluntary act and by this act agree: "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities associated with this program."

"I further agree to indemnify, hold harmless and defend the **Washington Township Parks & Recreation, Township of Washington, its directors, offices, agent, employees, volunteers, and any fitness/exercise instructors** from any and all claims from injuries, including death, damages and losses which may occur in any way associated with the activities of the program."

"I agree to waive and relinquish any and all claims I may have arising out of, connected with, or in any way associated with the activities of the program." In the event of any emergency, I authorize the Township of Washington and Parks & Recreation dept. to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participant Liability Waiver and Hold Harmless Agreement.

Print Name: _____

Signature: _____ **Date:** _____

Email Address _____

Washington Township Employee Only

Witness: _____ **Date:** _____

50 Rock Road • Long Valley • NJ • 07853
Phone: 908.876.5941 • Fax: 908.876.0029
Email: recreation@wtmorris.net • Website: www.wtmorris.org