

## Impact Bay Area Teen Course Agreement and Release of Liability

This agreement is between (PRINT YOUR NAME)

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and Impact, its employees, and affiliated organizations, their agents, staff, employees, volunteers, board officers, and directors (herein after referred to collectively as Impact)

In consideration for my child's enrollment in the Impact Teens class, I make the following statements, promises, and agreements:

1. I am the parent or legal guardian of (print child(ren)'s name:)

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I am aware that this class involves strenuous physical activity and personal contact and that my child(ren) will be participating in or witnessing simulated assault scenarios which can be physically and/or emotionally stressful. I am voluntarily allowing my child(ren) to participate in this activity with full knowledge of the danger involved, and agree to accept any and all risk of injury and emotional trauma for myself and my child(ren). (\_\_\_\_\_) (Initial)

2. I acknowledge that participating in any form of the Impact Teens class creates risk of injury and emotional trauma for myself and my child(ren), and hereby release Impact from any and all liability of any nature for any kind of injury to any person or property that may be sustained in connection with participation in the program or the use of the self-defense techniques taught in later situations or demonstrations. I understand that participation in the course in no way guarantees my child(ren)'s safety in a real life situation. (\_\_\_\_\_) (Initial)

3. I understand that if my child(ren) or I disclose a situation which involves child abuse which is not already being dealt with, that Impact is legally obligated to report this to the appropriate authorities. (\_\_\_\_\_) (initial)

4. I understand that participation in Impact Teens training creates a risk of myself or my child(ren) causing physical injury or emotional trauma to another person through inappropriate use of these techniques. I agree to defend, indemnify, and hold Impact free and harmless from any demands of any nature or resulting from a claim of injury, or emotional trauma, or damage to person or property through my child(ren)'s using these techniques. I agree that I am accepting full responsibility for the actions of my child(ren). (\_\_\_\_\_) (initial)

5. I agree to defend, indemnify, and hold Impact free and harmless from any demand of any nature or kind from any third party including those related to me by blood or marriage, from any liability resulting from my child(ren)'s participation in this workshop. This agreement is binding upon my heirs, legal representatives, and successors. (\_\_\_\_\_) (Initial)

6. I verify that my child(ren) is not, to my knowledge, pregnant, nor does my child(ren) have an emotional or physical condition which would endanger my child(ren) through participation in the Impact Teens class. I agree to disclose to Impact each and every current or recent physical or emotional condition which might be affected by my child(ren)'s participation. (\_\_\_\_\_) (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 IMPACT AND SIGN IT OF MY OWN FREE WILL. (\_\_\_\_\_) (Initial)

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Signature

Print name

Date

## Impact Bay Area Teen Course Participation Information

Your Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

### Authorization to Procure Medical Care and Treatment

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_, a minor, and hereby authorize the Impact staff, adults into whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor(s) under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practices Act, or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist under the provisions of the Dental Practices Act. My insurance company name and policy number are:

\_\_\_\_\_  
\_\_\_\_\_

The telephone number where I can be reached during the workshop:

\_\_\_\_\_

The name and telephone number of my preferred physician or hospital are:

\_\_\_\_\_

I authorize Impact to videotape myself and/or my child for in-house training purposes:

Signature \_\_\_\_\_ Print \_\_\_\_\_

Date: \_\_\_\_\_