



## Parental Consent Form

I, \_\_\_\_\_ (parent/guardian) authorize my child,  
\_\_\_\_\_  
(child's name), to attend the S.A.F.E.  
training course offered by Keep Them S.A.F.E. LLC, on \_\_\_\_\_ (date),  
located at \_\_\_\_\_ (location of training).

My signature below hereby acknowledges to S.A.F.E. instructors;

That my son or daughter will not participate in any aspect of the program that I or he/she feels is unsafe.

That my child and I are aware of the physical nature and possible risks of injury incident to taking this course. That he/she is physically fit to participate in this course, involving various physical techniques; and that he/she realizes that self-defense techniques can NOT successfully be employed in every situation, and proficiency can only be achieved and is dependent upon thorough continued practice, exercising good judgment, and a persons' natural abilities.

The signature below hereby releases all S.A.F.E. instructors, Keep Them S.A.F.E. LLC, Its founders, and owner/operators of the training venue, and agrees to hold them harmless from any liability for injury that may be incurred as a result of participation in this course, or using the strategies within this system.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP  
SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.**

Signature of Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Name of Student \_\_\_\_\_

Instructor review \_\_\_\_\_