



WEST LAFAYETTE POLICE DEPARTMENT

711 WEST NAVAJO STREET • WEST LAFAYETTE, INDIANA 47906
MAIN PHONE: 765-775-5200 • FAX: 765-775-5228

Registration/Release Form (please print)

Name _____

Address _____

City _____ State _____ Zipcode _____

NSDI/S.A.F.E. PROGRAM Location: _____

Date _____ Primary Instructor _____

I, _____ the undersigned, having agreed to participate in the National Self-Defense Institute NSDI/S.A.F.E. PROGRAM, acknowledge that I have been fully informed as to the details of the course; that although it is not a physical self-defense course it involves physical activity limited in nature, all of which has been explained to me and which I understand. I further acknowledge that the training is rudimentary and does not provide the proficiency that would be more attainable from a basic physical self defense course, and is dependent on continued practice, the exercise of good judgment and a person's natural abilities.

I do hereby release the _____, its employees, representatives, and agents, and the National Self-Defense Institute, Inc. (a not-for-profit corporation), any of its officers, directors, members, program partners, agents, volunteers, program participants, sponsors, instructor(s), and employees, from any and all liability of whatsoever nature in any way related to the participation in the NSDI/S.A.F.E. PROGRAM whether during the training or thereafter.

Signature _____ Date _____