



You Matter LLC
13211 Laurel Drive, Apt. 1357
Meadville, PA 16335
814-573-3011
susiedelo@youmatterllc.com

Participant Waiver and Release of Liability

Participant Information:

Full Name:

Date of Birth:

Email:

Phone Number:

Emergency Contact:

Name:

Contact Number:

1. I understand that participating in situational awareness and self-defense classes involves inherent risks, including physical injury and psychological stress. I voluntarily assume all such risks.
2. I declare that I am fit to participate and agree to inform the instructor of any medical or physical limitations that may affect my involvement.
3. I release You Matter LLC and its staff from any liability for injury, loss, or damage arising from my participation in these classes.
4. I agree to indemnify and hold harmless You Matter LLC from any costs incurred due to my participation.
5. I hereby grant You Matter LLC permission to use photos and videos taken during classes for promotional purposes. I understand that these images and recordings may be used in various media, including social media and marketing materials.
6. This agreement is legally binding and intended to be as inclusive as permitted by state law.

I have read, understood, and voluntarily agree to this Waiver and Release of Liability.

Participant Name (Print): _____

Participant Signature: _____

Date: _____

Parent/Guardian Name (if participant is under 18): _____

Parent/Guardian Signature: _____

Date: _____

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