



LaVeta Cameron Inc

Presents

Storms of Defense

~ Waiver & Release Form ~

Client's Information

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact

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

Relation to Client: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, \_\_\_\_\_, acknowledge and understand that
(Client's Name, please print)

I am a voluntary and willing participant in Storms of Defense under the instruction of LaVeta Cameron (Lady Ninja Storm). I understand that she is a Certified Teacher for Storms of Defense and an Assistant Instructor at Black Lion Fighting Systems, not a personal trainer, nutritionist, or dietician. If any injuries are sustained, I will consult a professional physician. I fully understand the dangers and risks of injury that may ensue upon my participation. I waive and release Storms of Defense, Ms. Cameron and any of its representatives from any cause, liabilities, responsibilities should I become injured or harmed in any way as a direct result of my participation in this physical, hands on program. I give up my right to take any legal action against Storms of Defense, Ms. Cameron, or any of its representatives due to any injuries that may occur.

Yes, I give permission to Storms of Defense (Ms. Cameron and its representatives) to photograph and/or record me and use my images and likeness for promotional uses only.

No, I do not give Storms of Defense (Ms. Cameron and its representatives) permission to photograph and/or record me or use my images and likeness for promotional uses.

Client's Name: \_\_\_\_\_

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name (if Client is a minor): \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LaVeta Cameron \_\_\_\_\_ Date: \_\_\_\_\_

Storms of Defense Instructor