

# Participant Enrolment & Health Declaration Form

Just Self Defence | Confidential | To be completed by each participant before the course

JUST  
SELF  
DEFENCE

## 1. Course Information

Course Name

Course Date

Venue

Host Name

## 2. Participant Details

Full Name (print clearly)

Date of Birth

Address

Best Contact Number

Email Address

## 3. Health & Medical Declaration

This information is collected to help ensure your safety during training. All responses are confidential and will only be shared with the delivering instructor. If you are unsure whether you are fit to participate, please consult your GP before attending.

Do you currently take any regular medication?

Yes  No

If yes, please give details:

Do you have any illness or medical condition we should be aware of?

Yes  No

If yes, please give details:

Are you pregnant, or have you given birth in the last 6 months?

Yes  No

Do you have any injury that may be aggravated by physical activity?

Yes  No

If yes, please give details:

Are you currently experiencing or recovering from any trauma or significant stress?

Yes  No

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Do you have any of the following conditions? (tick all that apply)

Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stress or High Blood Pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma or Respiratory Illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart or Chest Pains	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy, Fainting or Dizziness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neck or Back Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hip Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knee Pain	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long Covid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (please specify below)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any other information the instructor should be aware of:

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## 4. Emergency Contacts

Primary Emergency Contact

Name

Relationship

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Contact Number

Email (if available)

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Secondary Emergency Contact (if available)

Name

Relationship

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Contact Number

Email (if available)

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## 5. Consent, Disclaimer & Agreement

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## Nature of Training

Just Self Defence (JSD) courses are practical, beginner-friendly self-protection training events. Training may involve guided physical activity, movement-based exercises, and scenario-based learning. Some sessions may include realistic verbal communication to reflect real-world situations. All training is delivered in a controlled, supportive, and professional environment.

## Participant Responsibility

By enrolling on this course, you confirm that you are physically capable of taking part in light to moderate physical activity. You accept that participation is voluntary and at your own risk. You agree to inform the instructor of any medical conditions, injuries, or concerns before training begins, and to stop participating immediately if you feel unwell or uncomfortable at any point.

## Limitation of Liability

Just Self Defence, its instructors, and any associated event organisers accept no liability for injury, loss, or damage arising from participation in this course, except where such liability cannot be excluded by law. Participants are advised to consult a medical professional before attending if they have any concerns about their suitability to take part.

## Use of Techniques

Any physical techniques, strategies, or responses covered during training are provided for educational and personal safety awareness purposes only. They should not be applied outside of a genuine self-defence situation where there is immediate risk to life or personal safety.

## Data & Privacy

Your personal information will be used solely for the administration of this course, including issuing your certificate and sending post-course materials. Your data will be handled in accordance with GDPR / Data Protection regulations and will not be shared with third parties without your consent. You may request deletion of your data at any time by contacting JSD directly.

## Please tick all that apply:

- I have read and understood the disclaimer above and agree to participate on that basis.
- I confirm that the health and medical information I have provided is accurate to the best of my knowledge.
- I consent to my personal data being used for course administration, certificate production, and post-course communications.
- I consent to photos or videos being taken during the course for JSD promotional purposes. (This is optional — you may decline without affecting your participation.)

## Participant Declaration

By signing below, I confirm that I have read, understood, and agree to the terms set out in this form. I understand that if I have any questions or concerns, I should raise them with the instructor before training begins.

Full Name (print)

Date

Signature

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**Participants under 18:** A parent or guardian must also sign below to confirm consent for participation.

**Parent / Guardian Name (print)**

**Relationship to Participant**

\_\_\_\_\_  
**Parent / Guardian Signature**

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