



J.P. Wood Martial Arts America
249 E Northwest Hwy
Palatine, IL 60067
847.705.8714
jpwoodsmaa@msn.com



TEEN/ADULT FEMALE SELF-DEFENSE SEMINAR

Ages 13+

Thursday, May 7, 2020, 7:00pm-9:00pm

What:

- Practical and effective self-defense techniques
- Where, how, and what to hit
- How to escape from a hold and how best to defend yourself
- Awareness, avoidance, common sense information, and controlling your body's reaction
- Attack areas of the body, pepper spray use, date rape drugs, personal alarms, etc..

Who: Teens & Adult Women, ages 13 and up

What to wear: Dress in comfortable exercise clothing **Instructor:** Master Jan Wood and Grand Master John Wood **Cost:** \$20.00 with all proceeds benefiting JOURNEYS

Sign Up: <https://www.journeystheroadhome.org/ypb-self-defenseseminar.html>

Space is limited . . . Hurry and enroll today!

JOURNEYS | The Road Home provides services to the homeless and those at risk of becoming homeless in the north and northwest suburbs of Chicago. Services included but are not limited to shelter, mental health counseling, vocational counseling, food pantry, clothing closet, and more!

For more information visit journeystheroadhome.org

RELEASE and INFORMATION FORM

By its very nature, self defense seminars involve body contact, substantial physical and mental exertion, physical exercise and/or use of equipment which represents a certain risk to the user. It is recommended that you check with your physician prior to participating in martial arts activities.

In consideration of my acceptance into J.P. Wood's Tae Kwon Do Centers, Inc. d/b/a J.P. Wood Martial Arts America, or participation in any of their classes, seminars, or camps, I hereby expressly waive and discharge any and all rights, actions, claims or lawsuits for damages against J.P. Wood's Tae Kwon Do Centers, Inc., its instructors, agents and/or assigns, arising out of any participation in any activities through J.P. Wood's Tae Kwon Do Centers, Inc. In addition, I hereby agree that I will continue to maintain a major medical insurance policy upon all participating students ("members") at all times while any member is participating in martial arts classes or activities. The undersigned acknowledges that he or she has read this Release and Information Form and expressly understands the contents thereof.

Name: _____ Age: _____ Date: _____

Email: _____

Participant or Parent/Guardian if Under 18 Years Old