



## **Fit for Training - Declaration**

## Required for Hands-on Practice of Techniques Taught in the WAVE program

mobility activities or practice of techniq	ndition(s) that prevent me from doing the warm up and ues (e.g., neck, back, knee, respiratory).
	condition(s) that may limit my ability to perform the warm techniques (e.g., neck, back, knee, respiratory).
In addition, I am declaring that: If anything hurts while I am doing exerc my instructor or trainer.	cises on skills practice, I will stop immediately and notify
I will immediately stop any activity whe participant in the group.	n instructed to do so by the instructor, trainer or another
	ve slowly and deliberately and will not try to trick my vement will be slow, careful and obvious.
While performing the techniques and n realistic as possible.	noving in slow motion, I will try to make the moves as
In each practice move I will communication understand who is simulating an assau	ate clearly with my partner, ensuring that we both all and who the worker is.
When playing the role of an assaultive	individual I will make my moves slow, careful and obvious.
I will trade assaultive individual and wo comfortable and familiar with each one	rker roles several times for each technique until I am
-	Name (print legibly in block letters)
-	Signature
<del>-</del>	Date
TO BE COMPLETED AT THE END OF I declare that I have not sustained any or condition(s) as a result of this training	injury(ies), nor have I aggravated a pre-existing injury(ies)
_	Name (print legibly in block letters)
-	Signature

Date