

PART® Fit for Training Declaration

Required for Hands-on Practice of Techniques

Please check the PART® Level: ☐ Three® ☐ Four® ☐ Five®

PART® certified trainer/instructor name(s): _____

I am declaring:

☐ I have no physical injury(ies) or condition(s) that prevent me from doing the warm-up and mobility activities or practice of techniques (e.g., neck, back, knee, respiratory).

or

☐ I have a pre-existing injury(ies) or condition(s) that may limit my ability to perform the warm-up and mobility activities or practice of techniques (e.g., neck, back, knee, respiratory).

In addition, I am declaring:

If anything hurts while I am doing exercises on skills practice, I will stop immediately and notify my instructor or trainer.

I will immediately stop any activity when instructed to do so by the instructor, trainer, or another participant in the group.

During practice of techniques, I will move slowly and deliberately and will not try to trick my partner or sabotage the moves. All movement will be slow, careful, and obvious.

While performing the techniques and moving in slow motion, I will try to make the moves as realistic as possible.

In each practice move, I will communicate clearly with my partner, ensuring that we both understand who is simulating an assault 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 worker roles several times for each technique until I am comfortable and familiar with each one.

Name (print legibly in block letters)

Signature

Date

TO BE COMPLETED AT THE END OF THE TRAINING PROGRAM:

I declare that I have not sustained any injury(ies), nor have I aggravated a pre-existing injury(ies) or condition(s) as a result of this training.

Name (print legibly in block letters)

Signature

Date