



# Evolutionary Self-Protection

evolutionaryselfprotection.com  
evolutionaryselfprotection@gmail.com  
1066, Leek New Road, Stockton Brook, Stoke-on-Trent, Staffordshire,

Founding Instructor Josh Nixon  
(01782) 502684  
07981175878  
ST99NT

## ESP Membership Application Form

Upon successful completion and approval of this form, you will be a member of ESP. Welcome!

### 1) Preliminary Information:

Junior ESP Member (15 and under)   
Senior ESP Member (16 and over)

Date of Application: .....

Date of First Lesson: .....

First Name(s): .....

Landline Telephone: ..... Surname: .....

Mobile Telephone: ..... Date of Birth: .....

Email Address: .....

Please state any health issues (or any other concerns you think we should know about) which may affect your training: .....

(Optional) How did you hear about ESP? .....

(Optional) Why do you want undertake ESP training? .....

### 2) Students' Declaration:

Although my instructors make every effort to minimise the risk, I understand that participation in all physical activities carries a chance of injury. I take full responsibility for myself and my actions, and understand that my instructors are not liable for any injury I may suffer (unless they are directly at fault) and that my British Combat Association insurance/records booklet and its renewal are my responsibility. I will never use what I learn except in a legitimate situation of self-protection or a situation legitimately requiring the protection of another. I will abide by the law, and understand that the misuse of what I have learnt in training could result in my full exclusion from training, effective immediately. I have made all necessary health and safety checks that I can participate without any significant unusual risk to my health and/or safety, and have declared any concerns I have. I understand that at no point in an ESP session am I be forced to do anything against my will, as is my right, and thus anything I do in an ESP training session is done of my own free will. I understand that I am encouraged to always question everything and to not accept anything without question. I understand that I should not take or act on legal or medical advice from anyone who is not qualified to give it. I understand that this is not a legally binding contract but rather is simply a declaration of understanding. I understand that I am free to stop participating at any time and am not bound to ESP participation in any way. All information I have chosen to provide is factually correct and accurate to the best of my knowledge.

## ESP TRAINING SESSIONS ARE BASED ON A SYSTEM OF CONSTANT AND MUTUAL RESPECT BETWEEN ALL PARTICIPANTS.

It is your right to expect it from everyone else, and it is everyone else's right to expect it from you.

Please ensure you understand and agree with the above fully before signing.

Signed: .....

Secondary Signature: .....

(Junior Members require their legal guardian's signature.)

### 3) For Office Use:

ESP Membership Number: ..... BCA Membership Number: .....

Date of Receipt: ..... Date of Insurance: .....

Instructor's Signature of Approval: .....