

®

# REGISTRATION/RELEASE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Course: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Primary Instructor: \_\_\_\_\_

## RELEASE FOR RAPE AGGRESSION DEFENSE SYSTEMS PHYSICAL DEFENSE SYSTEM

The undersigned hereby acknowledges to Rape Aggression Defense Systems, Inc., it's Founder, Executive Board, Staff and Instructor(s);

That she will not participate in any aspect of the program she is uncomfortable with or considers unsafe.

That should she choose to participate, is aware of the physical nature and possible risks of injury incident to taking this practical course in self defense. That she is physically fit to participate in this course, involving various physical techniques, and she realizes that self defense techniques cannot be successfully employed in every situation, and proficiency can only be achieved and is dependent upon thorough continued practice, exercising good judgement, and a persons natural abilities.

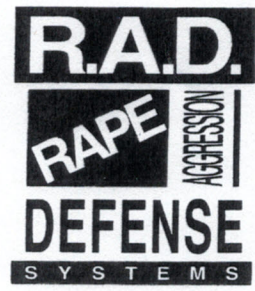
The undersigned hereby releases Rape Aggression Defense Systems, Inc., its Founder, Executive Board, Staff and Instructor(s), and agrees to hold them harmless, from any liability for injury that may be incurred as a result of participation in this course, or using the strategies within for defense.

The undersigned also acknowledges that Rape Aggression Defense Systems, Inc. is not responsible for the selection of trainers, training environments, training procedures or training equipment that an individual Instructor may use during this program.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.**

Signature \_\_\_\_\_

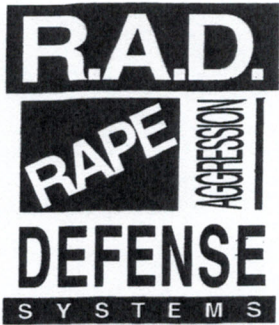
Date \_\_\_\_\_



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R.A.D. SYSTEMS  
23305 HWY 16  
DENHAM SPRINGS, LA 70726  
(225) 791-4430

## PARENTAL CONSENT FORM



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I \_\_\_\_\_, authorize my daughter, \_\_\_\_\_, to attend the upcoming physical defense course offered by an Instructor certified to teach the R.A.D. Self Defense Program at \_\_\_\_\_, on \_\_\_\_\_.

My signature below hereby acknowledges to Rape Aggression Defense Systems, Inc. its Founder, Executive Board, Staff and Instructor(s);

That my daughter will not participate in any aspect of the program she is uncomfortable with or considers unsafe.

That my daughter and I are aware of the physical nature and possible risks of injury incident to taking this practical course in self defense. That she is physically fit to participate in this course, involving various physical techniques; and that she realizes that self defense techniques cannot be successfully employed in every situation, and proficiency can only be achieved and is dependent upon thorough continued practice, exercising good judgement, and a persons natural abilities.

The signatures below hereby release Rape Aggression Defense Systems, Inc., its Founder, Executive Board, Staff and Instructor(s), and agrees to hold them harmless, from any liability for injury that may be incurred as a result of participation in this course, or using the strategies within for defense.

The signatures below also acknowledge that Rape Aggression Defense Systems, Inc. is not responsible for the selection of trainers, training environments, training procedures or training equipment that an individual Instructor may use during this program.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.**

Signature of Legal Guardian \_\_\_\_\_

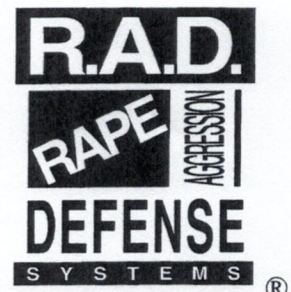
Telephone Number for Confirmation \_\_\_\_\_

Date \_\_\_\_\_

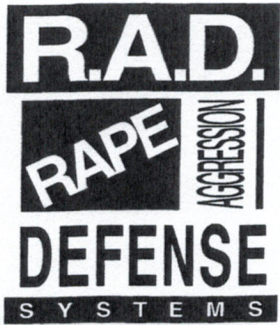
Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

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WELLNESS INFORMATION FORM

Full Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency (please contact)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Confidential Medical History

1. Date of Most Recent Medical Examination: \_\_\_\_\_

2. Do you feel fine – Without Restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Please Describe: \_\_\_\_\_

3. Have you ever been hospitalized or treated for an injury?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

4. Have you ever been injured and not received medical attention?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

5. Do you have any current medical conditions (Please include pregnancies) for which you are currently being treated?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

6. Are you currently using any prescription drugs? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

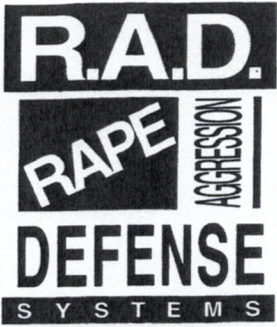
7. Do you have: Any known Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

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Difficulty Breathing? Yes \_\_\_ No \_\_\_

High Blood Pressure? Yes \_\_\_ No \_\_\_

Diabetes? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

8. How frequently do you exercise? \_\_\_\_\_

What type of exercise? \_\_\_\_\_

9. Are you or have you ever been involved in self-defense or Martial Arts Training? Yes \_\_\_ No \_\_\_

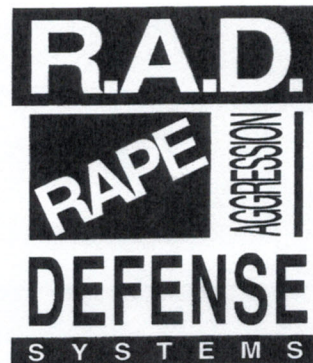
If yes, please describe: \_\_\_\_\_

10. Please describe your perception of your current fitness level.

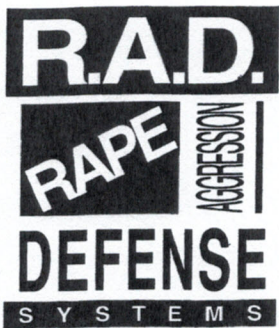
The above information is complete, true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Instructor Check



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## TRAINING SAFETY PRECAUTIONS AND EXPECTATIONS

Date \_\_\_\_\_ Instructor \_\_\_\_\_

1. Report any injury or discomfort to your Instructor immediately. If something does not "feel right" report it.
2. Please do not overexert yourself.
3. Make eye contact with your Instructor and advise them of your condition when "Wellness Checks" are conducted.
4. Ask questions when something is not clear to you.
5. No "Horseplay" or unauthorized physical contact is permitted at anytime.
6. Jewelry or watches are not permitted during physical training.
7. Please report any observed unsafe condition or violation of this safety protocol immediately.
8. Physical training areas will be clear of materials, clothing and training equipment (unless in use) at all times.
9. We will not compete with one another in this training environment.
10. Training equipment is not to be handled with out the authorization of your Instructor(s).
11. Whistles will be used by Control Monitors to stop action during simulation training exercises.
12. If you are not involved in a simulation exercise, you will function as a Safety Officer and can stop action for unsafe reasons by yelling, "STOP" to the Control Monitor.
13. Never use more than moderate force during simulation training exercises or no more than 80% of your potential ability to transfer energy.
14. Weapons are not permitted in the training environment. This includes but is not limited to pepper sprays, electronic devices, keychain impact devices, firearms and/or their ammunition.

I, the undersigned, have read the above safety precautions and expectations listed, they have been explained to me, I understand their intent and meaning, and I agree to adhere to these safety rules.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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