



®

REGISTRATION AND 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.

She also acknowledges that it is very possible that at some period in her training, she may on some occasion, unknowingly or otherwise, practice with another participant who is HIV positive, or infected with another blood borne pathogen. She may also be inadvertently exposed to bleeding or blood in the workout area. There is no way to predict, or entirely prevent this. In as much, participant agrees to assume all the foregoing risks and accepts personal responsibility for conditions and damages associated with such contact.

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 _____

R.A.D. SYSTEMS
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(225) 791-4430



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