

®

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 Sys-
tems, Inc., it's Founder, Executive Board, Staff and Instructor(s);

That she will not participate in any aspect of the program she is uncomfort-
able 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 thor-
ough 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, UNDER-
STAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT,
AND I SIGN IT VOLUNTARILY.

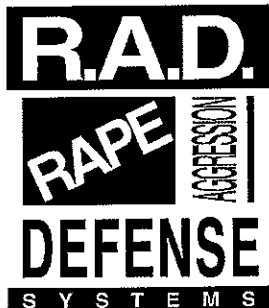
Signature _____
Date _____

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



®

PARENTAL CONSENT FORM



®

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.

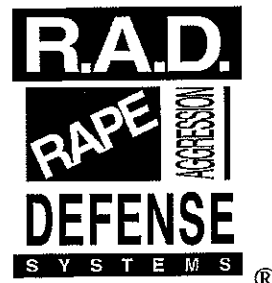
Signature of Legal Guardian _____

Telephone Number for Confirmation _____

Date _____

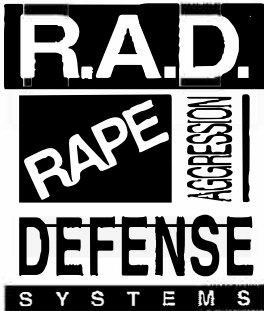
Signature of Student _____

Date _____



®

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



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: _____

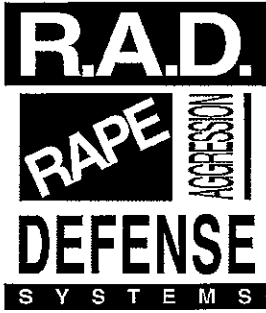
5. Do you have any current medical conditions (Please include pregnancies) for which you are currently being treated?

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 ___



®

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 ___

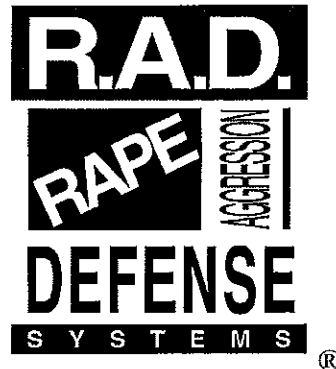
If yes, please describe: _____

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



®

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