

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., its Founder, Executive Board, Staff and Instructor(s); That they will not participate in any aspect of the program they are uncomfortable with or consider unsafe. That should they choose to participate, are aware of the physical nature and possible risks of injury incident to taking this practical course in self-defense. That they are physically fit to participate in this course, involving various physical techniques, and they realize 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 person's natural abilities. They also acknowledge that it is very possible that at some period in their training, they may on some occasion, unknowingly or otherwise, practice with another participant who is HIV positive, or infected with another blood borne pathogen and/or respiratory infection. 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 1406 S. Range Ave., Ste. 1 Denham Springs, LA 70726 (225) 791-4430 R.A.D.