



MUST HAVE INDIVIDUAL CHECKS - PER PERSON TO ATTEND

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 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 _____

R.A.D. SYSTEMS
498-A WYTHE CREEK RD.
POQUOSON, VA 23662
(757) 868-4400





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 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 ___



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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RELEASE AND WAIVER

In consideration of the permission granted me by the City of Coral Springs, by and through its Police Department to participate in a Self Defense Training program, I, _____ (participant) hereby agree to sign this Release and Waiver.

Accordingly, I agree to unconditionally release, waive, and discharge the City of Coral Springs, its employees, agents and servants, all hereafter referred to as "releasees," from all claims and courses of action, that I, my personal representatives, assigns, heirs, and next of kin, may have for any loss, damage, or injury to person or property, whether caused by the negligence, gross negligence, or otherwise of the releasees. In addition, I agree to indemnify completely, the releasees against all claims, demands, and actions arising out of my actions or involvement with the Self Defense Training Program presented by the Coral Springs Police Department. I understand and acknowledge that this program is not job related or part of my job duties and is voluntary.

I certify and warrant that I am in good physical condition and able to participate in the above activity or event.

I HAVE CAREFULLY READ THE FOREGOING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver on _____, 19____.

By: _____
(Name)

By: _____
(Printed Name of Signator)

I asked the Signator if he/she understood what is being signed.

Witness