R.A.D. RAPE AGGRESSION DEFENSE SYSTEMS ®

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_____

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

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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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 _____

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R.A.D. RAPE AGGRESSION DEFENSE SYSTEMS ®

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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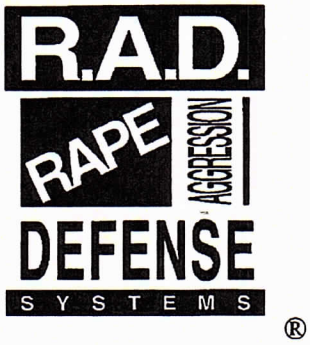


Difficulty Breathing? Yes ____ No ____

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.

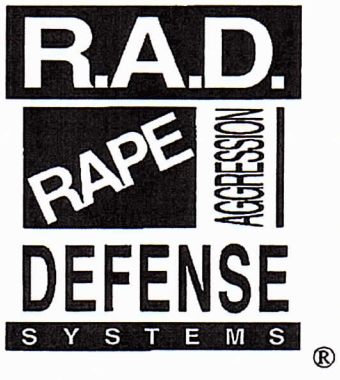
The above information is complete, true and accurate to the best of my knowledge.

_____

Signature

_____

Instructor Check



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City of Franklin, Tennessee
Rape, Aggression, Defense (RAD) Self-Defense Training
Participation Waiver

The undersigned ("Participant") acknowledges that the following terms are a condition to her participation in the Rape, Aggression, Defense (RAD) Self-Defense Training for Women at the City of Franklin, and hereby agrees that:

1. Participating in self-defense training can be inherently dangerous and involves an element of risk and danger that may cause serious bodily injury, death and damage to property.

2. Participant, her heirs, successors and assigns shall indemnify and hold harmless the City of Franklin, its Mayor and Aldermen, representatives, agents, servants and employees from and against any and all claims of any and all persons for judgments, losses, expenses, death, bodily injury, or damage to property which arises from or is a result of his/her participation in the RAD Self-Defense Training for Women, negligent act, error or omission whether such claims are based in whole or in part upon the negligence of the Participant or the City of Franklin for any defect in equipment, any site condition, or any negligence by any person, including other Participants.

3. Participant, her heirs, successors and assigns agree that, as an essential term and condition to her participation in the RAD Self-Defense Training for Women she hereby acquits, discharges, exonerates and forever releases the City of Franklin, its Mayor, Aldermen, officials and its employees, of and from any and all actions, causes of action, damages, liability, obligations, rights, torts, wrongs and claims, ("Claims") present or future, known or unknown, which may arise from Participant's use of the City of Franklin's facilities, including any and all claims of any nature whatsoever, whether for death, bodily injury and/or damage to property, whether the Claims are due in whole or in part to any fault or negligence by or attributable to the City of Franklin any failure or defect in any equipment or otherwise.

4. As an inducement to the City of Franklin to allow Participant to participate in the RAD Self-Defense Training for Women, Participant agrees, for herself, her heirs, successors and assigns, that she shall not sue or make any Claim of any kind against the City of Franklin, its mayor and aldermen, officers, directors, employees, agents, successors, and assigns, for or in account of anything which may relate to or arise from participation in the RAD Self-Defense Training for Women or from being present on the City of Franklin's facilities, including death.

_____
Participant's Printed Name

_____
Participant's Signature, if over 18 years of age

_____
Date

PARENTAL CONSENT: (must be completed and signed by parent/guardian if Participant is under 18 years of age.)

I hereby consent that my daughter, _____ ("Participant"), may participate in the RAD Self-Defense Training for Women, and I hereby execute this **Release, Indemnity and Hold Harmless Agreement** on her behalf.

_____

_____
Parent/Guardian Printed Name(s)

_____

_____
Parent/Guardian Signature(s)

_____
Date