

## **REGISTRATION / RELEASE FORM**

Name
Name:
Address:
State and Zip:
Phone Number: Email:
Course: Date:
Location:
Primary Instructor:
RELEASE FOR RAPE AGGRESSION DEFENSE SYSTEMS PHYSICAL DEFENSE SYSTEM
The undersigned hereby acknowledges to Rape Aggression Defense System, INC., its 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 the 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 judgment, and a person's 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.
In registering for this course I agree to attend the entirety of the course for which I have registered. If I cannot attend, I will notify a member of the RAD Team at least one week in advance. I understand that failure to comply with these terms will result in my being ineligible to attend any future course offered CCSO/JCPD/LUPD for a period of one year.
I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANSIAL RIGHTS BY SIGNING, AND I SIGN IT VOLUNTARILY.
Signature:
Date: