



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





TRAINING SAFETY PRECAUTIONS AND EXPECTATIONS

Date _____ Instructor _____

1. If you are not feeling well or have any signs or symptoms of illness, notify someone and DO NOT come to class.
2. Report any injury or discomfort to your Instructor immediately. If something does not “feel right” report it.
3. Please do not overexert yourself.
4. Make eye contact with your Instructor and advise them of your condition when “Wellness Checks” are conducted.
5. Ask questions when something is not clear to you.
6. No “Horseplay” or unauthorized physical contact is permitted at any time.
7. Jewelry or watches are not permitted during physical training.
8. Please report any observed unsafe condition or violation of this safety protocol immediately.
9. Physical training areas will be clear of materials, clothing and training equipment (unless in use) at all times.
10. We will not compete with one another in this training environment.
11. Training equipment is not to be handled without the authorization of your Instructor(s).
12. Whistles will be used by Control Monitors to stop action during simulation training exercises, if conducted.
13. 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.
14. Never use more than moderate force during simulation training exercises or no more than 80% of your ability to transfer energy.
15. 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. These precautions and expectations have been explained to me. I understand their intent and meaning, and agree to adhere to these safety rules.

Print Name _____

Signature _____

R.A.D. SYSTEMS
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Denham Springs, LA 70726
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CONFIDENTIAL WELLNESS INFORMATION FORM (For Emergency Purposes Only)

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 experienced a recent illness or been exposed to any air-borne viruses?

Yes ___ No ___

If yes, please describe: _____

4. Have you ever been hospitalized or treated for an injury?

Yes ___ No ___

If yes, please describe: _____

5. Have you ever been injured and not received medical attention?

Yes ___ No ___

If yes, please describe: _____



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

Yes _____ No _____

If yes, please describe: _____

7. Are you currently using any prescription drugs? Yes ___ No ___

If yes, please describe: _____

8. Do you have: Any known Allergies? Yes ___ No ___

Difficulty Breathing? Yes ___ No ___

High Blood Pressure? Yes ___ No ___

Diabetes? Yes ___ No ___

If yes, please describe: _____

9. How frequently do you exercise? _____

What type of exercise? _____

10. Are you or have you ever been involved in self-defense or Martial Arts Training? Yes _____ No _____

If yes, please describe: _____

11. 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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REVISED 12/2020

CORAL SPRINGS POLICE DEPARTMENT WOMEN'S SELF-DEFENSE PROGRAM

PARENTAL CONSENT FORM

I _____, authorize my child, _____, to attend the upcoming physical defense course offered by an Instructor certified to teach the Coral Springs Police Department Women's Self-Defense Program. This program will take place at _____ starting on ____/____/____.

My signature below hereby acknowledges to the staff and instructors of the Coral Springs Police Department Women's Self Defense Program;

- ✓ That my child will not participate in any aspect of the program they are uncomfortable with or consider unsafe.
- ✓ That my child and I 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.
- ✓ 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 signatures below hereby release the Coral Springs Police Department Women's Self-Defense Program, its 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 the Coral Springs Police Department Women's Self-Defense Program 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 of Legal Guardian: _____

Telephone Number for Confirmation: _____

Date: _____

Signature of Student: _____

Date: _____