

REGISTRATION/RELEASE FORM

Name: _____

Address: _____

State and Zip: _____

Course: _____ Date: _____

Location: _____

Primary Instructor: _____

RELEASE FOR RAPE AGGRESSION DEFENSE SYSTEMS ADVANCED PHYSICAL DEFENSE SYSTEM

The undersigned hereby acknowledges to Rape Aggression Defense Systems, Inc. and its Instructor or Instructors;

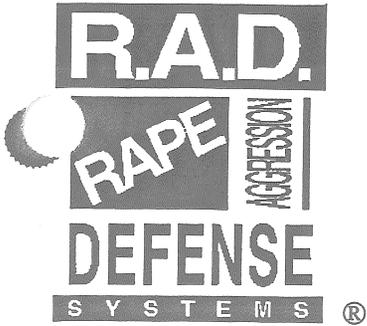
That she is aware of the physical nature and possible risks of injury incident to taking this practical course in self defense; That she is physically fit to participate in this course, involving various physical techniques; and That she realizes that self defense techniques cannot be successfully employed in every situation, and that proficiency can only be achieved through continued practice, exercising good judgment, and a persons natural abilities.

The undersigned hereby releases Rape Aggression Defense Systems, Inc. and its instructors, and agrees to hold them harmless, from any liability for injury that may be incurred as a result of this course, or using the strategies within.

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 _____



PARENTAL CONSENT FORM

I _____, authorize my daughter, _____, to attend the upcoming physical defense course offered by Rape Aggression Defense Systems, Inc. at

on _____.

My signature below hereby acknowledges to Rape Aggression Defense Systems, Inc. and its Instructor or Instructors;

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 we realize that such techniques cannot be successfully employed in every situation, and that proficiency can only be achieved through continued practice, exercising of good judgment and a persons natural ability. My signature also releases Rape Aggression Defense Systems Inc., and its Instructor or Instructors, and sponsor, and agrees to hold them harmless, from any liability for injury that may be incurred as a result of this course, or using the strategies within.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT VOLUNTARILY.

Signature _____
(Parent or Legal Guardian)

Date _____

Telephone # _____

R.A.D.

RAPE

AGGRESSION

DEFENSE

S Y S T E M S ®

**Rape Aggression Defense Systems
Wellness Information Form**

Full Name: _____

Address: _____

City _____ State _____ Zip _____

Day Phone: _____ Height _____ Weight _____

Age: _____ Date of Birth: _____

In case of emergency (please contact)

Name: _____

Phone: _____

Relationship: _____

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 _____

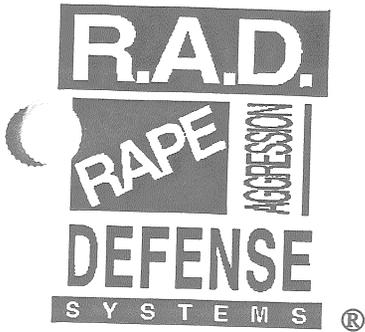
If yes, please describe: _____

R.A.D. SYSTEMS

498-A WYTHE CREEK RD.

POQUOSON, VA 23662

(757) 868-4400



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 current fitness level?

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

Signature

Instructor Check

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