

PARENTAL CONSENT FORM

I, authorize my child,
, to attend the upcoming physical defense
course offered by an Instructor certified to teach the R.A.D. Self-Defense Program
at
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My signature below hereby acknowledges to Rape Aggression Defense Systems, Inc. its Founder, Executive Board, Staff and Instructor(s);
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 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 ®

R.A.D. SYSTEMS 1406 S. Range Ave., Ste. 1 Denham Springs, LA 70726 (225) 791-4430

Date _____