



®

PARENTAL CONSENT FORM

I _____, authorize my son,
_____, 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 The R.A.D Systems of Self-
Defense, LLC, Rape Aggression Defense Systems, Inc., its Founder, Executive Board,
Staff and Instructor(s);

That my son will not participate in any aspect of the program he is uncomfortable
with or considers unsafe.

That my son and I are aware of the physical nature and possible risks of injury
incident to taking this practical course in self-defense. That he is physically fit to
participate in this course, involving various physical techniques, and he 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.

I also acknowledge that it is very possible that at some period in his training, he
may on some occasion, unknowingly or otherwise, practice with another participant who
is HIV positive, or infected with another blood borne pathogen. He may also be
inadvertently exposed to bleeding or blood in the workout area. There is no way to
predict or entirely prevent this. In as much, participant and guardian agree to assume all
the foregoing risks and accept personal responsibility for conditions and damages
associated with such contact.

The signatures below hereby release The R.A.D Systems of Self-Defense,
LLC, Rape Aggression Defense Systems, Inc., its Founder, Executive Board, Staff and
Instructor(s), and agree 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 R.A.D Systems of Self-
Defense, LLC and 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, 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 _____

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



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