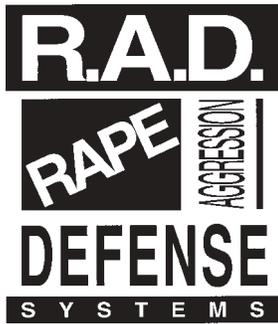


PARENTAL CONSENT FORM



®

I _____, authorize my daughter, _____, 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 Rape Aggression Defense Systems, Inc. its Founder, Executive Board, Staff and Instructor(s);

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

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 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 judgement, and a persons natural abilities.

I also acknowledges that it is very possible that at some period in her training, she may on some occasion, unknowingly or otherwise, practice with another participant who is HIV positive, or infected with another blood borne pathogen. She 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 accepts personal responsibility for conditions and damages associated with such contact.

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 _____

Date _____

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



REVISED 7/2013