

®

REGISTRATION/RELEASE FORM

Name: _____

Address: _____

State and Zip: _____

Course: _____ Date: _____

Location: _____

Primary Instructor: _____

Email address: _____

RELEASE FOR RAPE AGGRESSION DEFENSE SYSTEMS R.A.D FOR MEN BASIC PHYSICAL DEFENSE SYSTEM

The undersigned hereby acknowledges to Rape Aggression Defense Systems, Inc., it's Founder, Executive Board, Staff and Instructor(s);

That he is aware of the physical nature and possible risks of injury incident to taking this practical course in basic 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 judgement, and a persons natural abilities.

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.

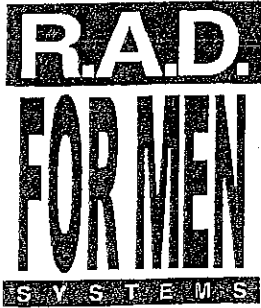
The undersigned also acknowledges that Rape Aggression Defense Systems, Inc. is not responsible for the selection of trainers, training environments, training procedures or training equipment that an individual Instructor may use during this program.

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
23305 LA HWY 16
DENHAM SPRINGS, LA 70726
(225) 791 - 4430



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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. for Men Basic 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 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 that 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 judgement, and a persons natural abilities.

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 _____

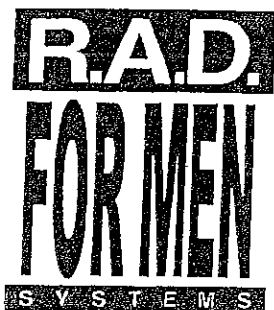
Telephone Number for Confirmation _____

Date _____

Signature of Student _____

Date _____

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TRAINING SAFETY PRECAUTIONS AND EXPECTATIONS

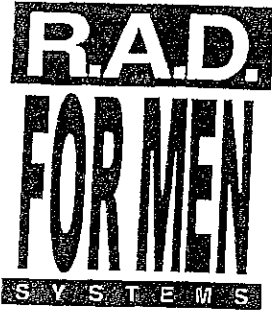
Date _____ Instructor _____

1. Report any injury or discomfort to your Instructor immediately. If something does not "feel right" report it.
2. Please do not overexert yourself.
3. Make eye contact with your Instructor and advise them of your condition when "Wellness Checks" are conducted.
4. Ask questions when something is not clear to you.
5. No "Horseplay" or unauthorized physical contact is permitted at anytime.
6. Jewelry or watches are not permitted during physical training.
7. Please report any observed unsafe condition or violation of this safety protocol immediately.
8. Physical training areas will be clear of materials, clothing and training equipment (unless in use) at all times.
9. We will not compete with one another in this training environment.
10. Training equipment is not to be handled without the authorization of your Instructor(s).
11. Whistles will be used by Control Monitors to stop action during simulation training drills and exercises.
12. Never use more than moderate force during simulation training exercises or no more than 50% of your potential ability to transfer energy.
13. 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, they have been explained to me, I understand their intent and meaning, and I agree to adhere to these safety rules. I also agree to participate in this program with a positive, ego free demeanor.

Print Name _____ Signature _____

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WELLNESS INFORMATION FORM

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 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: _____

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

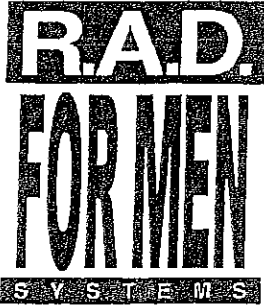
Yes _____ No _____ If yes, please describe: _____

6. Are you currently using any prescription drugs? Yes _____ No _____

If yes, please describe: _____

7. Do you have: Any known Allergies? Yes _____ No _____

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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 perception of your current fitness level.

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

Signature

Instructor Check

RAD Photography and Video Liability Release

It is my understanding that the Rape Aggression Defense ("RAD") training program provided at Appalachian State University ("ASU" or the "University") by the ASU Police intends to create video recordings /photography of one or more RAD training simulations in a controlled environment. During the simulation training sessions: (1) both the students and the instructors (or "attackers") will be fitted with protective gear; (2) the students will be placed in scenarios in which they are "attacked" by the instructor; (3) the students will use the self-defense techniques they have learned during the RAD class to defend themselves, fight off their attacker, and escape; and (4) the students will engage in punching, kicking and kneeling their attacker, as well as fighting off attacks where they have been taken to the ground. The RAD program wishes to use the video for educational, promotional, and recruitment purposes on the ASU Campus and elsewhere. The video will likely include recognizable images of individual students and instructors, and the video may be reproduced on DVD discs.

As a participant in ASU's RAD training program, I understand that the training, Practice, and simulations may be physically demanding (even to persons in excellent physical condition) and that my participation in these activities ("Activities") may lead to physical injury or death, or property damage or loss. I hereby certify that I am in excellent physical condition, and that I am unaware of any health-related problems that may affect my ability to participate in the Activities or may increase the risks of such participation. Understanding the potential risks inherent in RAD training, practice, and simulations, I assume sole and full responsibility for my safety during participation in these Activities.

I wish to participate in one or more of the RAD training simulations and to be included in the video of the simulations. I also wish to be provided a copy of the DVD disc containing the video. In consideration for being permitted to participate in the simulations, for being included in the video, and for being given a copy of the DVD, I agree as follows:

1. I grant to Appalachian State University, its legal representatives and assigns, and those acting with its permission, or its employees, and right and permission to use and /or copyright, reuse and/or publish, display, and republish photographic, video, or digital pictures or images of me, or in which I may be distorted in character, or form, in conjunction with my own or fictitious name, on reproductions thereof, in color or black and white, made through any media by ASU, for display and other purposes, including the use of any printed matter in conjunction therewith.
2. I waive any right to inspect or approve the finished video, photograph, or copy or printed matter that may be used in conjunction therewith or the eventual use that it might be applied.
3. I will comply with all instructions and directions of Appalachian State University officials and staff before, during, or after participation in these Activities;
4. I understand the possible risks and dangers to me and my life and property associated with my participation in these Activities, including the dangers of strenuous exercises, excessive fatigue, physical contact, running, jumping, falling, and other conditions, and I participate voluntarily in reliance upon my own judgment and ability. I assume all risk of personal injury, death, and

property damage or loss from any cause whatsoever, including, but not limited to, my own conduct, the failure of anyone to enforce rules and regulations or inspect equipment or facilities, and the negligence of anyone else;

5. I release and shall indemnify and defend and save harmless Appalachian State University, The University of North Carolina, the State of North Carolina and their respective trustees, agents, and employees from all liabilities, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorney's fees, arising or claimed to have arisen out of injuries, personal injuries or death, or property damage or loss, sustained by me as a result of any cause whatsoever, including but not limited to: (a) my own conduct, negligence or other misconduct on the part of Appalachian State University trustees, agents, or employees, or those injuries or property damage sustained by others as a result of my own negligence or intentional acts, during my participation in these Activities; or (b) any distortion, blurring, or alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in the taking processing or reproduction of the finished video product, its publication or distribution of the same, even should the same subject me to ridicule, scandal, reproach, scorn or indignity;
6. I understand that the copyright and other intellectual property rights with respect to the video belong to the University, and I agree that I will not violate those rights in any manner, including by copying the video disc or publishing its contents in any form or in any venue, including but not limited to publication on social networking sites such as YouTube or Facebook; and
7. North Carolina law governs the determination of all issues related to this Agreement.

I certify that I am at least eighteen (18) years of age, medically and mentally sound, physically fit to participate in the Activities described above, and competent to enter into this agreement. I further certify that no oral promise, agreement, warranty or representation concerning safety or liability or other legal issues has been made to me, and that I have been encouraged to consult with my own attorney prior to signing this document. **If the participant is under eighteen (18) years of age, this document must be signed on behalf of the participant by his or her parent or guardian.**

I HAVE READ AND UNDERSTAND THIS ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT, I UNDERSTAND AND AGREE THAT IT WILL LEGALLY BIND ME AND MY ESTATE, AND I SIGN IT VOLUNTARILY.

SIGNATURE

DATE

Printed Name

If parent or guardian: _____

Relationship to Participant