



## 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 Newton South High School on May 10, 17, and 31, 2014.

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 judgment, 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 \_\_\_\_\_

R.A.D. SYSTEMS  
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