



Campus Community Police Service
R.A.D.
 (Rape Aggression Defense)
Registration/Release Form



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|-----------------------|----------------------|-----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Surname | First Name | Middle Initial |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street Address | <input type="text"/> | City |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Province | Postal Code | Phone # |
| <input type="text"/> | | |
| Email address | | |

Location: University of Western Ontario

Instructors: _____

**RELEASE FOR RAPE AGGRESSION DEFENSE SYSTEM
 PHYSICAL DEFENSE SYSTEM**

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

That she is 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 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 person's 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: _____

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|---|--------------------------------|
| Administration Only | |
| \$ 25 Deposit Received <input type="checkbox"/> | Received By: _____ Date: _____ |
| Circulation: Copy of Application/Receipt to Applicant <input type="checkbox"/> _____ Original and Deposit in Sealed Envelope to RAD Supervisor | |