

ASSUMPTION OF RISK AND RELEASE AGREEMENT

The undersigned hereby acknowledges to Western University, its governors, officers and employees and to Rape Aggression Defense Systems, Inc., its Founder, Executive Board, Staff and Instructor(s) that:

I am aware of the physical nature and possible risks of injury incident to taking this practical course in self-defense. This may include injury, illness or death resulting from:

- contact with obstructions, apparatus/equipment, floor, walls.
- contact with participants, spectators, officials or other people.
- being struck with projectiles.
- an increased load on the heart, which may result in dizziness, shortness of breath and in extreme circumstances, may result in a heart attack.
- muscular injuries such as sprains and strains; bone injuries; fainting, chest discomfort, leg cramps and nausea.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury resulting therefrom.

I am physically fit to participate in this course, which involves various physical techniques, and I realize 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.

IN CONSIDERATION OF RECEIVING INSTRUCTION IN THE SELF-DEFENCE PROGRAM, I HEREBY RELEASE WESTERN UNIVERSITY, ITS GOVERNORS, OFFICERS AND EMPLOYEES AND RAPE AGGRESSION DEFENSE SYSTEMS, INC., ITS FOUNDER, EXECUTIVE BOARD, STAFF AND INSTRUCTOR(S), (COLLECTIVELY, "THE RELEASEES") AND I AGREE TO HOLD THE RELEASEES HARMLESS, FROM ANY LIABILITY FOR DAMAGES ARISING FROM PERSONAL INJURIES THAT MAY BE SUSTAINED BY ME AS A RESULT OF MY PARTICIPATION IN THE COURSE, OR USING THE STRATEGIES WITHIN FOR DEFENSE, DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY DUTY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE OWED TO ME UNDER ANY APPLICABLE OCCUPIER'S LIABILITY LAW.

I 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 understand that, at any time during the course, I am free to stand aside and not participate in any activity or part of any activity, whether it is for physical or other reasons.

I CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS ASSUMPTION OF RISK AND RELEASE AGREEMENT PRIOR TO SIGNING IT AND I SIGN IT VOLUNTARILY. I AM AWARE THAT BY SIGNING THIS AGREEMENT I GIVE UP CERTAIN LEGAL RIGHTS THAT I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

Participant's Name (Printed)

Date

Participant's Signature

Parent/Guardian's Signature
If participant is under 18 years old