

®

Wellness Information Form

R.A.D. SYSTEMS
498-A WYTHE CREEK RD.
POSQUOSON, VA 23662
(757) 868-4400
www.rad-systems.com

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 _____

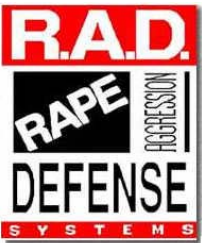
If yes, please describe: _____

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: _____



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6. Are you currently using any prescription drugs?

Yes _____ No _____

If yes, please describe: _____

7. Do you have: Any known allergies? Yes _____ No _____
 Difficulty breathing? Yes _____ No _____
 High Blood Pressure? Yes _____ No _____
 Diabetes? Yes _____ No _____

If yes, please describe: _____

8. How frequently do you exercise? _____

9. What type of exercise? _____

9. Are you or have you ever been involved in self-defense or

Martial Arts Training? Yes _____ No _____

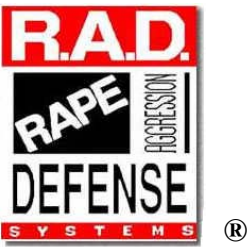
If yes, please describe: _____

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



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TRAINING SAFETY

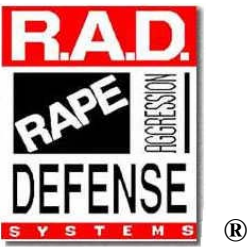
PRECAUTIONS AND EXPECTATIONS

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 equipment (unless in use) at all times.
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 authorization of your Instructor(s).
11. Whistles will be used by Control Monitors to stop action during simulation training exercises.
12. If you are not involved in a simulation exercise, you will function as a Safety Officer and can stop action for unsafe reasons by yelling, “STOP” to the control monitor.
13. Never use more than moderate force during simulation training exercises or no more than 80% of your potential ability to transfer energy.
14. 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.

Print Name: _____ Signature: _____



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REGISTRATION/RELEASE FORM

Name: _____
Address: _____
State and Zip Code: _____
Course: _____ Date: _____
Location: _____
Primary Instructor: _____

RELEASE FOR RAPE AGGRESSION DEFENSE SYSTEMS

PHYSICAL DEFENSE SYSTEM

The undersigned hereby acknowledges to Rape Aggression Defense Systems, Inc., it's 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 techniques and she realizes that self defense techniques cannot be successfully employed in every situation, and proficiency can only be achieved and is dependant upon thorough continued practice, exercising, good judgment, and a persons natural abilities.

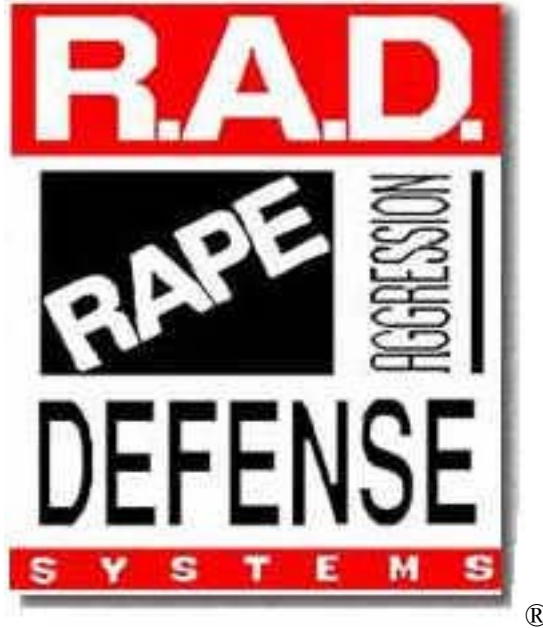
The undersigned hereby releases Rape Aggression Defense Systems Inc., it's Founder, Executive Board, Staff and Instructor(s), and agrees to hold them harmless, from any liability for injury that may be incurred as a result of participation in this course, or using the strategies within for defense.

The undersigned also acknowledges 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 be using 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: _____

INFORMED CONSENT WAIVER



I understand that I will be undergoing physical exertion while participating in the Boston University Police Department's RAD (Rape Aggression Defense) program and realize that there are possibilities of injury or other complications associated with the program including, but not limited to, injury due to physical exertion and physical contact. I certify that I am physically fit enough to take part in this program, and will check with my personal physician if I have any questions about my physical condition as it relates to this program. In exchange for my participation in this program, I agree to assume this risk and to waive and release all claims and causes of action that I may have or acquire against Boston University, its Trustee's, and their officers, employees or agents thereof for injury, loss or damage arising from ordinary negligence which are in any way connected to the program.

Signature

Date

Name (Please Print)