



Registration / Release Form



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

RELEASE FOR MURFREESBORO POLICE DEPARTMENT AND RAPE AGGRESSION DEFENSE SYSTEMS PHYSICAL DEFENSE SYSTEM

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

That she will not participate in any aspect of the program she is uncomfortable with or considers unsafe.

That should she choose to participate, 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 judgment, and a persons natural abilities.

The undersigned hereby releases the city of Murfreesboro, its employees, Murfreesboro Police Department, 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 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: _____