



**WILBRAHAM POLICE DEPARTMENT  
RAPE AGGRESSION DEFENSE**

Application

The **R.A.D. Program** offered by the **Wilbraham Police Department** is a safety Awareness, Risk Reduction, Empowerment course for women ages 13 and above. It is very important for each participant to make a commitment to attend every class to complete the course. The R.A.D. class is **physically interactive** at the pace of each participant.

- Note: Anyone under the age of 18 must have a parent or guardian's permission to participate. Any applicants under the age of 16 will be reviewed for participation in this program due to content.

NAME: \_\_\_\_\_  
(First) (MI) (Last)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
( Home ) ( Cell )

E-Mail: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

\*\* If under 18, parents name : \_\_\_\_\_  
Parents Contact # : \_\_\_\_\_  
Parent Consent Form Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

- **Pre-Registration** is required at the Wilbraham Police Department, THERE IS A ONE TIME \$25.00 FEE, due with application to reserve a slot in the class.  
Payment Received: Yes \_\_\_\_\_ No \_\_\_\_\_



## Parental Consent Form

I \_\_\_\_\_ authorize my daughter, \_\_\_\_\_, to attend the upcoming physical defense Course offered by an Instructor certified to teach the R.A.D. Self Defense Program.

My signature below hereby acknowledges to Rape Aggression Defense Systems, Inc., its founder, Executive Board Staff and Instructor(s);

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

That my daughter and I are 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 that she realizes that self defense techniques cannot be used 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 # for Confirmation \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student \_\_\_\_\_

Date \_\_\_\_\_

