



**Class Dates: January 26th – February 23rd (Thursday
Evenings only) Time: 6:00 – 9:00 p.m.
Location: Holmes Jr. High School, Davis**

Must attend all 5 Classes

Women's Self-Defense

Could You Effectively Defend Yourself If Attacked?

Comprehensive Course for Women

Taught by Nationally Certified RAD Instructors
Colleen Turay, Debra Doroshov,
Nadine Sellers, Lorelee Cox & Eddie Ellsworth

Awareness & Prevention

Risk Reduction & Avoidance

Hands-On Training

Realistic Self-Defense Tactics & Techniques

For more information or

TO REGISTER Contact:

Colleen Turay (530) 747-5421

\$25 non- refundable materials fee

Make checks payable to:

"Davis Police Dept. RAD Program



Police Department

2600 Fifth Street - Davis, California 95616-7718

Business: (530) 747-5400 - Fax: (530) 757-7102 - TDD: (530) 757-5666

Administration: (530) 747-5405 - Investigations: (530) 747-5430



**REGISTRATION WAIVER OF LIABILITY,
MEDICAL RELEASE & INDEMNIFICATION AGREEMENT**

Course: _____ Date: _____

Location: _____

Instructor: _____

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent / (If under 18 yrs old)

Guardian _____ Phone: _____

In consideration for myself and/or my minor children being permitted by the City of Davis Police Department to participate in Rape Aggression Defense (RAD) training I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage, which I and/or my minor children may sustain or which may occur as a result of my and/or my minor children's participation in this activity.

I understand and agree that:

1. This release is intended to discharge in advance the city, its officers, employees and agents from and against any and all liability, except for their sole negligence or intentional acts, connected in any way with the participation of myself or my minor children in activities;
2. The described activity is of a hazardous, strenuous, and/or physical nature;
3. Participation in the described activity may occasionally result in injury, death or property damage;
4. Knowing the risk involved, nevertheless I voluntarily request permission for myself and/or my minor child to participate in the describe activity;
5. I hereby assume any and all risks of injury, death or property damage, and to release and hold harmless the city, its officers, employees & agents, except for their sole negligence or intentional acts;
6. This waiver, release and assumption of risk is to be binding on my and my minor children's assigns;

7. I, on behalf of myself and my minor children, will indemnify and to hold the city harmless from any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which myself and/or my minor children sustain while participating in said activities;
8. I will make good and pay any loss or damage or cost the city may have to pay if any litigation arises on account of any claim made by said minors or by anyone on said minor's behalf;
9. In the event that minor my children requires medical or surgical treatment while under the supervision of said city personnel in connection with the described activity, such supervisor may authorize treatment;
10. I will pay all medical, hospital, or other expenses which I or my minor children may incur as a result of such treatment;
11. I understand that RAD training is not child care as defined by the State of California;
12. I understand that city staff may photograph or videotape me and/or my minor children and that the city may use such photographs or videotapes to promote city programs and classes. I expressly allow, and hereby waive any objection to, the city's photographing and/or videotaping of me and/or my minor children when I and/or my minor children are participating in RAD training. I understand all photos and videotapes will remain the property of the City of Davis.

I certify that I have custody of or am the legal guardian of said minors by court order, and that I and my minor children are physically able to participate in the describe activities.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between me and the City of Davis, and that I sign of my own free will.

I also understand the Training Safety Precautions and Expectations form and the potential consequences set forth by the City of Davis and agree to such terms.

Print Name

Signature (**REQUIRED**)

Date