



**GREENVILLE POLICE DEPARTMENT
WAIVER ACKNOWLEDGMENT**

I, _____, am 18 years of age or over and desire to participate in the Greenville Police Rape Aggression Defense Systems Physical Defense System (“RAD”) program. In consideration of the privileges of participation therein, I hereby assume all the risks attendant to the activities of RAD and release RAD and the City of Greenville, and all its officers, employees, agents, volunteers, and sponsors in both their public and private capacities, from any and all liability, claims, suits, demands or causes of action of whatsoever nature which may arise in any way from the participation.

I understand that participation in the program may involve certain dangers and risks, which include the possibility of serious bodily injury and/or death.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE THAT HE / SHE UNDERSTANDS AND ACCEPTS THE POTENTIAL DANGERS TO PERSONS AND PROPERTY WHICH CAN OCCUR DURING SAID PROGRAM, AND VOLUNTARILY ASSUMES ALL RELATED RISKS. UNDERSIGNED ALSO RELEASES, DISCHARGES AND AGREES TO INDEMNIFY RAD, THE CITY OF GREENVILLE, AND ALL OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, AND SPONSORS AGAINST ANY CLAIMS BY OR ON BEHALF OF THE ABOVE LISTED APPLICANT AS A RESULT OF ANY INJURY, INCLUDING INJURIES RESULTING FROM THE NEGLIGENCE OF RAD, THE CITY OF GREENVILLE, AND/OR ALL OFFICERS, EMPLOYEES, VOLUNTEERS, OR SPONSORS OR ANY OTHER CAUSE THROUGH PARTICIPATION IN THE PROGRAM.

I certify that I have no physical or medical conditions that would preclude me from participating in RAD activities.

I grant my permission for RAD and the City of Greenville to use my photo for any printed or electronic communications, marketing, and advertising materials produced by RAD or the City of Greenville.

I understand that additional waivers/release of liabilities may be required by sponsors of events, owners of athletic facilities or other entities that may be involved in the activities of the RAD program.

This waiver may serve as an additional waiver/release of liability and a copy may be given to sponsors of events, owners of athletic facilities or other entities that are involved in activities of the RAD program.

Applicant’s Signature: _____

Applicant’s Printed Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

Witness: _____ Date Signed: _____