



radKIDS PARENTAL CONSENT FORM

I _____, authorize my son / daughter, _____ to attend the upcoming radKIDS Personal Empowerment Safety Education program offered by radKIDS, Inc certified instructors at _____, on _____

My signature below hereby acknowledges to radKIDS®, Inc. and its radKIDS® Instructor or Instructors: That my son/daughter and I are aware of the physical nature and possible risks of injury incident to taking this practical course in self-defense and personal safety; That he/she is physically fit to participate in this course, involving various physical techniques; and, we realize that such techniques cannot be successfully employed in every situation, and proficiency can only be achieved through continued practice, exercise of good judgment, and a person's natural ability. I also understand that sensitive subject matter will be discussed and is in the Parent's Manual for my review.

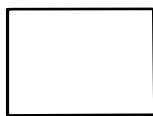
COVID Awareness: We have taken enhanced health and safety measures for you, and all other students and participants in this activity based training environment. In the current times of the day we are aware that the Centers of Disease Control and Prevention has advised us that they believe there is an inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers of Disease Control and Prevention, senior citizens and guests with underlying medical conditions are especially vulnerable. By participating in this training program you voluntarily assume all risks related to exposure to COVID-19. Let's keep each other healthy and safe.

My signature also releases radKIDS Inc and their certified instructors including the class sponsor and agrees to hold harmless, from any liability for injury that may be incurred as a result of this course, or use of strategies within.

I have read the above waiver and release and I understand that there are physical activities and skills in this program and I sign it voluntarily.

Signature _____ Date _____
(Parent or Legal Guardian)

Phone: _____ Email: _____



The initialing of this box grants permission for my child's picture to be taken for their graduation certificate ___ and also grants permission for

- (2) General media or press release from the radKIDS program ___
- (3) For Phase II Simulation training if included _____



radKIDS Student
WELLNESS INFORMATION FORM

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ 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. Has your child or anyone in your child's household been Confirmed as COVID Positive or with COVID Antibodies? Yes or No

3. Does your child feel fine, without restriction? Yes _____ No _____
If no, please describe: _____

4. Has your child ever been hospitalized or treated for an injury?

Yes _____ No _____

If yes, please describe: _____

4. Has your child ever been injured and not received medical attention?

Yes _____ No _____

If yes, please describe: _____

5. Do you child have any current medical conditions for which you are currently being treated? Yes _____ No _____

If yes, please describe: _____

6. Is your child currently using any prescription medications?

Yes _____ No _____

If yes, please describe and share if you feel they will have any effect on their safe participation?: _____

Does your child need any special medical support in the class? If so please describe: _____

radKIDS®

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radkids@radkids.org



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 does your child exercise? _____

What type of exercise? _____

9. Is your child now or have they ever been involved in self-defense or Martial Arts Training? Yes _____ No _____

If yes, please describe: _____

10. Please describe your perception of your child's current fitness level:

The above information is complete, true and accurate to the best of my knowledge.

Signature

Instructors Check

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