



Please Print out form, fill in and bring it to the first Aikido class - Thank You!

16 Mill Street, Mays Landing, NJ 08330 * <http://www.lenape-aikikai.org> * info@lenape-aikikai.org

Name:									
email:			Phone			Phone 2:			
Current Address:									
City:			State:			Zip			
Date of Birth:			USAF ID			e-mail			
Dues			Start Date						
Previous Training									
Name of school			Rank			Years of Training			
Rank Dates									
Rank	Date	Rank	Date	Rank	Rank	Date	Rank	Date	Rank
Emergency Contact									
Name of a relative not residing with you:									
Address:									
City:			State:			ZIP:			Phone:
Relationship:									

THIS IS A RELEASE OF LIABILITY WAIVER AND REGISTRATION -- READ BEFORE SIGNING

PARTICIPANT IS ALLOWED TO TAKE PART IN ANY AIKIDO TRAINING AND/OR SEMINAR. PARENTS OR GUARDIANS MUST SIGN FOR ALL PARTICIPANTS UNDER THE AGE OF 18.

IN CONSIDERATION of being permitted to participate in any way in the martial art and activities of Aikido under the auspices of Lenape Aikikai of the United States Aikido Federation (USAF), I acknowledge, appreciate, and agree that:

1. The risk of injury from the activity and weaponry involved in Aikido is significant, including the potential for permanent disability and death, and while particular protective equipment and personal discipline will minimize this risk, and the risk of serious injury does exist;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation; and,

3. I understand that the activities of Aikido are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest instructor as soon as practical; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FROM LIABILITY THE LENAPE AIKIKAI, the owners and lessons of premises used to conduct the Aikido activities, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct.

5. I understand and agree that this Release of Liability Agreement covers each and every Aikido activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE Date

PARTICIPANT'S NAME (please print)

PARENT'S/GUARDIAN'S SIGNATURE Date

PARENT'S/GUARDIAN'S NAME (please print)