

Seattle School of Aikido - Release of Liability and Assumption of Risk

PLEASE READ THIS AGREEMENT, INITIAL EACH SECTION AND SIGN AT THE BOTTOM AS INDICATED.

Student: _____ Date: _____
Print -Last Name Print- First Name MI

Address: _____ Phone: _____
e-mail: _____

This agreement is between _____ and the Seattle School of Aikido, its members, employees, authorized agents and building owners, (collectively referred to hereafter as Seattle School of Aikido). In consideration for the enrollment in Seattle School of Aikido classes at the Seattle School of Aikido and its instructors, I make the following statements and promises:

_____ 1) I am aware the martial arts training involves strenuous physical activities and personal body contact, and that I will be participating in practice which can be physically harmful and or emotionally stressful

_____ 2) I am voluntarily enrolling in martial arts instruction with the knowledge of the potential danger involved, and I agree to accept any and all risk of injury.

_____ 3) *If I have a disability or illness, I promise to consult with my physician before enrolling in Seattle School of Aikido and assume all liability that may arise from that disability or illness. I agree to inform Seattle School of Aikido of any disability or illness.*

_____ 4) I agree that I, my heirs, legal representatives and assigns will not make a claim against the Seattle School of Aikido for any injury or damage resulting from my participation in the program and will release and discharge the Seattle School of Aikido from all claims or demands arising from injury or damage to me caused by my participation in the program.

_____ 5) I promise to defend, indemnify and hold the Seattle School of Aikido harmless from any claims and actions by third parties alleging injury from my use of the techniques learned in the program. I have not requested or received any warranties as to the effectiveness of the program.

_____ 6) I understand and acknowledge that I am applying for instruction in a martial art involving strenuous exercises. I understand that because of this there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints and broken bones.

_____ 7) *I acknowledge that as a condition to being admitted to Seattle School of Aikido or being instructed by any persons associated with Seattle School of Aikido, I agree to strictly follow the rules of training and conduct as outlined by my instructors. I agree to follow the direction of the instructors in whichever class I am participating. I understand that it is the decision of the Seattle School of Aikido whether or not I will be allowed to continue training should these rules and directions not be adhered to. I agree to abide by this decision.*

_____ 8) I agree that this Agreement and Release of Liability and Assumption of Risk covers each and every time that I train or otherwise participate in any activity sponsored by Seattle School of Aikido, its agents, employees or instructors, whether on the premises of the Seattle School of Aikido or at any other location.

_____ 9) If any portion of this agreement shall be held to be invalid, illegal or unenforceable to any extent and for any reason by any Court of competent jurisdiction, the remainder of this agreement shall not be affected thereby and shall be enforceable to the full extent permitted by law.

_____ 10) If the applicant is hurt on the premises of the Seattle School of Aikido, the instructor, or any other Seattle School of Aikido dojo instructor, or member may take the applicant for medical treatment if the instructor is unable to contact the applicant's parents or guardian or any of the listed emergency contact persons on the applicant's emergency data form.

_____ 11) I make this agreement on behalf of myself, my heirs, successors, executors, estate and dependents and it is binding on them. In signing this agreement I am stating that I am over 18 years of age, that I know what I am doing, that I take responsibility for my own acts, that I have read carefully and understand this agreement, and that I fully agree with each statement contained in this agreement, and that I am responsible for myself.

Applicant's Signature _____ Date _____

If the Applicant is under 18 years of age, parent or guardian must sign below:

I, the undersigned, as parent or guardian of the above applicant, certify that I have read the above contract and that I consent to the applicant's receiving the instruction applied for. I agree to the provisions of the contract for myself and the said applicant.

Parent/Guardian Name(printed) Signature _____ Date _____

Disabilities or Illness as per Item 3 above: _____

Emergency contact: _____ Home Phone and Cell Phone: _____