

FUDOSHIN AIKIKAI (SCHOOL OF AIKIDO)

REGISTRATION FORM

ST. THERESA ELEMENTARY SCHOOL - ST. JOHN'S, NL – CANADA

Name (first) _____ (last) _____

Address (street) _____.

(town) _____ (postal code) _____.

Phone Number (home) _____ (cell) _____

E-Mail (to be held in strictest confidence) _____.

Date of Birth (day) _____ (month) _____ (year) _____

Next of Kin (Emergency) _____ (phone) _____

Relationship to next of kin _____.

Please specify any health conditions that would make the practice of Aikido dangerous or injurious to your health or that of others:

Signature of Applicant _____ Date _____

(IF APPLICANT IS UNDER 19 YEARS OF AGE, THE SIGNATURE OF THE PARENT OR LEGAL GUARDIAN IS REQUIRED.)

Legal Guardian (print) _____.

Signature of Legal Guardian _____.

Relationship of Legal Guardian to Applicant _____

Fudoshin Aikikai

WAIVER AND RELEASE OF LIABILITY

By signing this form, you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a Participant in the programs, activities and events of Fudoshin Aikikai, the undersigned acknowledges and agrees to the following terms.

Disclaimer

Fudoshin Aikikai, its directors, officers, members, employees, independent contractors, instructors, coaches, volunteers, officials, participants, clubs, agents, sponsors, funding partners, owners/operators of the facility, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to the sport of Aikido and that they may result in personal injury, death, property damage, expense and related loss to me. I understand that Aikido training is practiced without protective clothing or equipment and involves many inherent physical risks. These include, but are not limited to, injuries resulting from:

- Ongoing physical contact with the instructor and other students;
- Striking objects with parts of the body;
- Executing strenuous and demanding physical techniques;
- Collisions with the wall, floor, other students and instructors;
- Extreme changes in temperature;
- Tumbling, falling or being thrown to the floor;
- Strenuous cardiovascular workouts;
- Exerting and stretching various muscle groups;
- Executing self-defence escapes and techniques;
- Dehydration;
- Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.

Furthermore, I am aware:

- That injuries sustained in Aikido can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training and competition; and
- That my risk of injury increases as I become fatigued.

Release of Liability

In consideration of the Organization allowing me to participate, I agree:

- a) To assume all risks arising out of, associated with or related to my participation;
- b) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- c) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

I acknowledge that I am physically fit to proceed with this type of vigorous training, that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon me, my heirs, executors, administrators and representatives.

Name of participant

Date

Signature of participant or of Parent/Guardian/Legal
Custodian if Participant is under nineteen years of age

Witness