



Aikido West Application for Minor

(under age 18)

31/08/2010

New Member First/Last Name _____

Returning Member Birthdate _____ **Male** **Female**

Visitor Parent/Guardian Name _____

Street Address _____

City _____ Zip _____

Phone: Home _____ Emergency _____

Email _____

Martial Arts Experience?

Yes **No** Martial Art _____ Rank _____

Release, Consent and Assumption of Risk Statement

This agreement is between _____, parent/guardian of the above-named minor, and AIKIDO WEST, a non-profit, educational corporation, its board members, officers, instructors, staff, and employees, (collectively known as "AIKIDO WEST.")

In consideration for enrollment in AIKIDO WEST ("AIKIDO"), I make the following statements and promises:

_____ I am aware that Aikido involves strenuous physical activities and personal body contact, and that the above-named minor will be participating in martial arts training which can be physically harmful and/or emotionally stressful.
INITIAL

_____ I am voluntarily allowing the minor's participation in Aikido training with full knowledge of the danger involved. I agree to assume any and all risks of injury, illness, or death, whether or not caused by negligence.
INITIAL

_____ If the above-named minor has a disability, illness, pregnancy, or is currently seeing a therapist, I promise to consult with his or her physician or therapist before allowing participation in Aikido training.
INITIAL

_____ I agree that I, my heirs, legal representatives and assigns (1) will not make a claim against Aikido West, its directors, officers, employees or agents for any injury or damage resulting from the above-named minor's participation in Aikido training, and (2) will release and discharge Aikido West from all claims or demands arising from injury or damage to me or the minor caused by his or her participation in Aikido training.
INITIAL

For Parents or Guardians of Minor

We, the parents or legal guardian(s), consent to allow this minor individual to participate in Aikido training at Aikido West. We have read, understood, and initialed each of the paragraphs of the Release, Consent and Assumption of Risk Statement and intend to bind ourselves, the minor, and all heirs, successors, executors, the estate, and dependents of said minor, to the terms hereof.

We agree to hold the directors, officers, instructors, agents, employees and all individuals associated with Aikido West harmless from any action brought as a result of participation by this minor in any activity of Aikido West, and promise to indemnify Aikido West, and all releases for all liability and losses including attorney's fees occasioned by a claim by, on behalf of or on account of injuries or illness to said minor, and to fully indemnify all such losses.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND AIKIDO WEST AND SIGN IT OF MY OWN FREE WILL.

Parent/Guardian's name (printed) Parent/Guardian's signature Date

Relationship to minor

Witness name (printed) Witness signature Date