

Avalon Aikikai

Registration and Waiver Form

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|---|--|-------------------------|-----------------------|--------------|
| Full name: | _____ | | | |
| Birth date: <small>(required by our insurance company)</small> | Month: _____ | Day: _____ | Year: _____ | |
| Address: | Street: _____ | | | |
| | City: _____ | | Postal Code: _____ | |
| | Province/State: _____ | | Country: _____ | |
| Contact Phone: | (_____) _____ - _____ | | | |
| Contact Email: | _____ | | | |
| Emergency contact: | Name / relationship: _____ | | | |
| | Phone: (_____) _____ - _____ | | | |
| How did you learn about us? | Facebook _____ | Twitter _____ | Web Site _____ | Poster _____ |
| | Friend _____ | Other _____ | | |
| Have you practiced Aikido before? | _____ YES _____ NO . If YES, | | | |
| | 1. How long have you practiced? _____ years / _____ months | | | |
| | 2. What is your rank? _____ | | | |
| | 3. Affiliation? CAF _____ | USAF _____ | Other _____ | |
| Membership Type | Regular _____ | Regular (reduced) _____ | Regular (intro) _____ | |
| | Senior's Class _____ | Children's Class _____ | | |

*** Read and sign waiver on next page. ***

Participant's Agreement

Name of Participant _____

Age (If under 18) _____

This is a binding legal agreement. As a Participant in the programs, activities and events organized by the Avalon Aikikai Aikido Club, the undersigned, being the Participant and the Participant's Parent/Guardian, acknowledge and agree to the following terms:

ALL SPORT, INCLUDING AIKIDO, HAS ITS RISKS

I participate in Aikido because it is physically and mentally challenging. I understand that Aikido training is practiced without protective clothing or equipment. In consideration of my participation in such programs, activities and events, I hereby acknowledge and am aware of the risks and hazards associated with or related to the martial art of Aikido. 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 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;

That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in Aikido as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss, which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs that might arise out of my participation. In this Agreement I understand "organizers" to mean: the Avalon Aikikai and the Canadian Aikido Federation, along with their directors, officers, members, employees, independent contractors, instructors, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives.

I ACKNOWLEDGE MAKING THIS AGREEMENT

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

Printed Name of Participant

Signature of Participant (Must be Parent or Guardian if Participant under 18)

Date

Printed Name of Witness

Signature of Witness

Date