

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Birth Yr. \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Prior Aikido experience: \_\_\_\_\_

Other martial art experience/rank/years: \_\_\_\_\_

How did you hear of Aikido Decatur? \_\_\_\_\_

**PERSONAL RESPONSIBILITY STATEMENT**

Aikido is a physical art. There is always a danger of injury or death. You are responsible for your own body. Though we all commit to practicing safely with each other, you alone are responsible for your self, your body, your mental and emotional safety, and your understanding and application of teachings. In your training you must take care of yourself. You agree to hold yourself and no one else responsible for your training and safety. You should not do anything you do not feel comfortable doing. You may sit and rest, or decline to participate in any practice with which you do not feel comfortable. You may step off the mat at any time. When you step on the mat you must do so prepared to take full responsibility for your choice to participate. You must also commit to do everything in your power to preserve the safety of everyone training.

**READ THE FOLLOWING CAREFULLY – IT LIMITS AIKIDO DECATUR’S LIABILITY**

I, the undersigned, acknowledge and fully understand that I will be engaging in an inherently dangerous contact sport that may result in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, the techniques of Aikido, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. Knowing the risks involved, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death. I, the undersigned, assume the risk of all injury and hereby release, waive, discharge and covenant not to sue Aikido Decatur, its officers, shareholders, directors, agents, coaches, and other employees or volunteers, other participants, their parents, guardians, supervisors, as well as the owners, lessors, and lessees of premises, all of whom are hereinafter referred to as “Releasees”, from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law, including attorneys fees and costs. I agree to abide by the rules of Aikido Decatur, and to follow explicitly all instructions given by instructors during the course of my instruction. I agree that any photos, videos, or other recordings of me taken while in activities related to the dojo may be used for marketing purposes by the dojo, including presentation on the dojo’s website.

I HAVE READ THE ABOVE AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. KNOWING THIS, DO SIGN VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF STUDENT IS UNDER 18 YEARS OF AGE, I AFFIRM THAT I CONSENT TO THE ABOVE AS THE STUDENT’S PARENT OR GUARDIAN.

**If 18 or older:**

STUDENT: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**If under 18:**

This is to certify that I, as parent/guardian with legal responsibility for the student, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child’s participation in classes at Aikido Decatur, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

PARENT: Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_