

AIKIDO OF LOUISVILLE, INC.

AIKIDO SCHOOLS OF UESHIBA

Release Form

Fill out then
press Button

Name

Age

Phone

Address

Street
City, State zip

PRIOR MARTIAL ARTS
EXPERIENCE/RANK

E-mail

IN CASE OF EMERGENCY, CONTACT:

Name
Phone
Address

SPECIAL INSTRUCTIONS (Allergies, personal physician, etc.):

Please read the following carefully:

I, the undersigned, acknowledge that I am applying for instruction in the martial art involving strenuous exercise and personal body contact. 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.

In accordance with the law, the dojo does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of other students in the normal course of training. I understand that some students may be infected with diseases like HIV/AIDS and Hepatitis (which can be transmitted by exchanges of blood or other bodily fluids) and that I may be training with them. I acknowledge that I have read and will follow the dojo's procedures for dealing with injuries to myself and others, which present opportunities for exposure to blood or body fluids.

Aikido of Louisville, Inc. is a not-for-profit Kentucky corporation and is registered with the Internal Revenue service as a 501(c) (7) fraternal or social sports organization.

As a condition to being admitted to the dojo (studio) as a student, I agree to the following:

- to use due care and good sense for my own safety and the safety of others during training and while on the premises where practice is conducted;
- to follow the instructions of the persons in charge of training or practice sessions;
- to assume the risks and the responsibility for any injury which I may suffer or inflict during training;
- to hold harmless from Liability and to release the owners and tenants of the premises where Aikido is being practiced and the officers, board members and instructors of Aikido of Louisville, Inc. and those whom Aikido of Louisville, Inc. may from time to time hire to furnish instruction, from any and all liability due to injuries suffered by me or caused by third parties to me, arising out of activities involving Aikido, or any other martial art, whether occurring on the premises of the dojo or elsewhere.

Signature _____

Date _____

If the applicant is under 18:

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

Signature _____

Date _____