



PARTICIPATION AGREEMENT & WAIVER of LIABILITY

v.2017.06.13

--Completion of this form is required prior to participation in any training and activities with Arundel Aikikai--

By signing below, the Participant(s) (and the parent/legal guardian authorizing the participant(s) when applicable) agree & confirm their desire to participate with and/or take part in the program(s) offered by Arundel Aikikai, LLC and confirm understanding of and agreement with the following:

- The participant(s) agree to abide by and follow all reasonable directions of the instructor concerning participant safety, and also recognize that the participant(s) are empowered to assess their own personal safety and wellbeing within the programming.
- The participant(s) certify that they will at no time initiate any deliberate action to cause harm to others while training with, at, or under the instruction of Arundel Aikikai LLC. I understand that failure to act in accordance with safety instructions may be grounds for denial of services.
- The participant(s) recognize that Arundel Aikikai provides martial arts training to its students, and therefore participating in training with Arundel Aikikai carries the following risk(s) of injuries, which include, but are not limited to, the list below:
 - Martial arts and self-defense are inherently dangerous to learn, practice, and apply
 - Training solo and/or with multiple partners may involve: stretching tumbling, falling, throwing, striking, joint pressure, nerve pressure, and/or joint immobilizations -- all of which are potentially dangerous
 - Training in any of the above may at any time involve the use of practice weapons and/or other physical learning props common to martial arts dojos and/or physical training facilities -- all of which are potentially dangerous

In accepting to participate with Arundel Aikikai, I/we **HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Arundel Aikikai, including its owner, instructors, members, or students, or any hosting facility owner, instructor(s), staff, participating members, or students/customers. The undersigned also agrees to indemnify the above named parties from any such injury to claim brought about by someone else arising from any such injury to the undersigned to pay the costs of defense connected to any such claim.

Participant / student information

Participant Name (first & last)	Age	DOB
Address	City	ZIP
Email (please print clearly)	Primary Phone #	(type, i.e cell)
Emergency Contact Name	Contact Phone #	Contact Relationship

I wish to participate in Arundel Aikikai training and agree to the terms and conditions above.

Participant Signature

Date

Parental / guardian consent required if participant is under 18 years of age

Parent or Guardian Name (first & last)	Relationship to Participant
Address (if different from above)	City ZIP
Email (please print clearly)	Primary Phone # (type, i.e cell)

I confirm that I am the parent/guardian of the above listed individual, that I agree to the terms and conditions above, and that I consent to their participation in Arundel Aikikai training.

Parent/Legal Guardian Signature

Date