

THE SAN FRANCISCO AIKIDO PROJECT/SUGINAMI AIKIKAI SF

**WAIVER, RELEASE AND INDEMNITY AGREEMENT**

**SUGINAMI AIKIKAI SF/ The San Francisco Aikido Project ("the Dojo")** operates the Aikido Dojo located at 141 11th St., San Francisco, CA 94103. The Dojo offers classes, instruction and training in the martial art Aikido, sponsors workshops, seminars and exams, and hosts or may host other related activities (whether in the Dojo or outside the Dojo), including, among others, yoga, kick boxing, jiu-jitsu and other defensive or fighting arts, and all activities related or incidental thereto (together, "Aikido Activities"). Aikido Activities involve, among other things, observing, sitting, stretching, twisting, rolling, falling, striking, grabbing, throwing, pinning, kicking, weapons training, and many other potentially dangerous or injurious activities, whether as a participant or spectator, and whether or not under the supervision or instruction of **James Friedman, the Dojo's instructors, visiting instructors, principals, employees, attorneys or agents (together, the "Affiliates")** or co-participants, which may result in personal injury, property damage or death. For and in consideration of the Dojo permitting you to participate in or observe Aikido Activities, and whether or not under the supervision or instruction of the Dojo, any Affiliates or co-participants (but except for fraud, willful injury, recklessness, violation of law or the knowing increase in the risk of harm beyond what is inherent in learning, practicing or performing Aikido Activities), you, and on behalf of your heirs, executors and administrators, hereby voluntarily, knowingly and expressly:

- (1) Forever assume any and all risks, whether known or unknown, inherent in Aikido Activities and agree to be challenged to perform beyond your (then) current ability;
- (2) Forever release, relieve, discharge, waive and relinquish any and all claims, actions or causes of action for personal injury, property damage or wrongful death, arising out of, regarding, respecting or concerning the active or passive negligence of the Dojo, any Affiliates or co-participants, as a result of engaging in any Aikido Activity; and
- (3) Forever indemnify and hold harmless the Dojo, the Affiliates and co-participants from and against any and all claims or causes of action by whomever, whenever or wherever made or presented for personal injuries, property damage or wrongful death occasioned by any Aikido Activity.

If any term or provision of this Waiver, Release and Indemnity Agreement is found by a court of competent jurisdiction to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining terms and provisions hereof shall not in any way be affected or impaired thereby.

YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF ALL THE POTENTIAL DANGERS AND RISKS INHERENT IN AIKIDO ACTIVITIES (WHETHER OR NOT UNDER THE SUPERVISION OR INSTRUCTION OF THE DOJO, ANY AFFILIATES OR CO-PARTICIPANTS), AGREE TO BE CHALLENGED BEYOND YOUR (THEN) CURRENT ABILITY, ARE FULLY AWARE OF THE LEGAL CONSEQUENCES OF ENTERING INTO THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT, AND VOLUNTARILY FOREVER ASSUME ALL RISKS, AND WAIVE, RELEASE AND INDEMNIFY THE DOJO, ITS AFFILIATES AND CO-PARTICIPANTS FROM ANY AND ALL CLAIMS AS SET FORTH ABOVE.

\*All Payments, Fees and registration + Dojo Items are Non-Refundable and Non-Returnable;

\*The Dojo has the sole right to refuse or revoke membership at any time;

**\*\*Name of Minor** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / 201\_\_

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M F

**Aikido Rank:** \_\_\_\_\_ **Years Trained:** \_\_\_\_\_

**Home Dojo:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**CREDIT CARD PAYMENT INFORMATION**

**Name on Card:** \_\_\_\_\_

**Card Type:**     Visa     MasterCard

**CC#:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

**CVC#:** \_\_\_\_\_

**Amount:** \_\_\_\_\_ **USD**