

CALIFORNIA AIKIDO ASSOCIATION

Release, Consent and Assumption of Risk Statement Semi-Annual Meeting at Aikido of San Jose

NAME: _____ **PHONE:**() _____

ADDRESS: _____

CITY/STATE: _____ **ZIP CODE:** _____

AIKIDO RANK: _____

I, the undersigned participant of the California Aikido Association training and meeting, acknowledge that I am participating in a martial arts event involving strenuous exercise and personal body contact, and that martial arts training can be physically harmful and/or emotionally stressful.

_____ **initial**

I am voluntarily participating in Aikido training with full knowledge of the danger involved. I agree to assume any and all risks of injury, illness, or death, whether or not caused by negligence.

_____ **initial**

If I have a disability, illness, pregnancy, or am currently seeing a therapist, I have consulted with my physician or therapist before participating in Aikido training.

_____ **initial**

I agree that I, my heirs, legal representatives and assigns (1) will not make a claim against Aikido of San Jose and/or the California Aikido Association's, directors, officers, employees and agents for any injury or damage resulting from my participation in Aikido training, and (2) will release and discharge Aikido of San Jose and/or the California Aikido Association from all claims or demands arising from injury or damage to me caused by my participation in Aikido training.

_____ **initial**

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Aikido of San Jose and the California Aikido Association and sign it of my own free will.

Signature: _____ **DATE:** _____

If under the age of 18 years old, parent or legal guardian must sign below.

Signature: _____ **DATE:** _____

Witness Signature: _____ **DATE:** _____