



AIKIDO OF SANTA CRUZ

a non-profit, educational organization

"Aiki is not a technique to fight with or defeat an enemy. It is the way to reconcile the world and make humanity one family."

--Morihei Ueshiba, Founder of Aikido

Agreement and Release of Liability

Part I

Name _____ Date _____

Address _____

City/State/Zip _____

Phone _____ Year Born _____ Gender _____

Work Phone _____ Occupation _____

Email _____ (we occasionally send email about classes)

Prior Aikido experience/rank _____

If joining the beginning class, whom may we thank for referring you? _____

Are you currently a student at another dojo? (which?) _____

If so, which dojo is your "home" dojo? _____

(If Aikido of Santa Cruz is your home dojo, you are a committed, participating student at Aikido of Santa Cruz; you wish to be considered for possible promotions when appropriate; you are not taking exams at other dojos. If you have trained at another dojo, please fill out the New Student Information Form, found in the cubbies in the Lounge, and leave it in the office for Linda Sensei.)

How did you hear about our school? : *flyer at* _____ : *banner in front* : *ad in* _____ : *other* _____

Emergency Contacts: (Need more space? Please attach a separate sheet.)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Do you have any physical or other conditions that an emergency medical worker should know about (Diabetes, Heart Condition, Seizures)? _____

Please list any medications you currently take: _____

Please list any medications/drugs to which you have allergies: _____

Please describe any chronic injuries that may affect you in class, such as knee problems, neck injury, etc.:

Is there anything else you want the dojo to know regarding special needs you may have due to a physical or mental condition, so that we may know how to proceed before you receive emergency care? (Please attach an additional sheet of paper, if more space is needed)

Please Complete the Other Side.

Agreement and Release of Liability

Part II

THIS AGREEMENT is made between (please print your name clearly): _____

and *Aikido of Santa Cruz (a.k.a. North Bay Aikido, Inc.)*, a non-profit public-benefit corporation, its instructors, students, agents, authorized guests and affiliated organizations (collectively referred to hereafter as "*Aikido of Santa Cruz*").

In consideration of my enrollment in a martial arts program provided by *Aikido of Santa Cruz*, I make the following statements and promises:

1. I am aware that martial arts training involves strenuous physical activity and personal body contact, and that I will be participating in simulated attack situations which can be physically harmful and/or emotionally stressful. (initial) _____
2. I am voluntarily taking martial arts instruction with the understanding that there is potential danger and the possibility of injury. I agree to accept any and all risks of injury as my sole responsibility. (initial) _____
3. If I have a disability or illness, I promise to consult with my physician before taking martial arts instruction. (initial) _____
4. I agree that I, my heirs, legal representatives and assigns will abide by the following: I promise to defend, indemnify and hold *Aikido of Santa Cruz* harmless from any and all liability (including attorney's fees and costs) for all claims, actions, or damages:
 - (a) for any injury or damage resulting from my participation in the program; (initial) _____
 - (b) arising from injury or damage to me caused by my participation in the program; (initial) _____
 - (c) by third parties alleging injury from my use of the techniques learned in the program, or any variation thereof, whether occurring on the premises of *Aikido of Santa Cruz* or elsewhere. I have not requested nor received any warranties as to the effectiveness of the training. (initial) _____
5. I agree to abide by the rules of *Aikido of Santa Cruz* and to follow explicitly all instructions given by instructors during the course of my instruction. (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 *Aikido of Santa Cruz* and myself, and I sign it of my own free will.

Date _____ Signature _____

If under 18 years of age, parent or guardian must sign below:

I, the undersigned, as parent or guardian of the above minor, hereby certify that I have read the above Agreement, and I consent to the minor's participation in the *Aikido of Santa Cruz* programs and agree to abide by its provisions for myself and the minor.

Date _____ Signature _____



True budo is a work of love. It is a work of giving life to all beings, and not killing or struggling with each other. Love is the guardian deity of everything. Nothing can exist without it. Aikido is the realization of love."

--Morihei Ueshiba, Founder of Aikido