



Salt Spring Aikikai



4-128 Hereford Ave, Salt Spring Island, BC, V8K2T4, Canada

Tel: +1-250-221-5548 Email: info@saltspringaikido.ca

PLEASE PRINT

Name: _____
(FIRST/GIVEN NAME) (FAMILY NAME) (MIDDLE INIT.)

Street Address: _____
Address

(cont): _____

Province: _____ Post Code: _____

Phone: _____ Email: _____

Birth Date (dd/mm/yyyy): _____ Gender: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Secondary Phone: _____

Doctor's Name: _____ Phone: _____

Medical Conditions/Allergies/Dietary Restrictions: _____

Care Card/Insurance #: _____

ALL SPORT, INCLUDING AIKIDO, HAS ITS RISKS

I participate in Aikido because it is physically and mentally challenging. I understand that Aikido training is practiced without protective clothing or equipment. In consideration of my participation in such programs, activities and events, I hereby acknowledge and am aware of the risks and hazards associated with or related to the martial art of Aikido. These include, but are not limited to, injuries resulting from:

- Ongoing physical contact with the instructor and other students;
- Striking objects with parts of the body;
- Executing strenuous and demanding physical techniques;
- Collisions with the wall, floor, other students and instructors;
- Tumbling, falling or being thrown to the floor;
- Strenuous cardiovascular workouts;
- Exerting and stretching various muscle groups;
- Executing self-defence escapes and techniques;

Furthermore, I am aware:

- That there is a risk of injury in Aikido practice;
- That I may come into close contact with other participants;
- That my risk of injury is reduced if I follow all rules adopted during training and competition; and
- That my risk of injury increases as I become fatigued.

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in Aikido as described above. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand "organizers" to mean: Canadian Aikido Association; Salt Spring Aikikai, its directors, officers, members, employees, independent contractors, instructors, coaches, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of the facility, and representatives.

Understood & agreed on: _____ (Date) By: _____ (Name)

If participant is under 18 years of age, the participant's parent or guardian must complete the additional assumption of risk, waiver and indemnification below.

Parent/Guardian Signature: _____ Date: _____

Please print name: _____

Note: Dues and fees for Aikido are due by the first of the month and cannot be refunded. Please make cheques payable to Salt Spring Aikikai. A charge of \$25 will be assessed for dishonoured cheques.