

Aikido – Providence Aikikai

Aikido – Framingham Aikikai, Inc.

New Student Application

(Please print clearly)

First Name					
Last Name					
Address					
City		State		Zip	
Phone					
E-Mail					
Emergency Contact & Phone Number					

How did you hear about Aikido?	
How did you learn about the existence of Providence Aikikai?	
In what other activities are you currently involved?	
Previous martial arts experience (if any):	
What lead you to choose Aikido over other activities or martial arts?	
What are your main goals for your Aikido practice?	
How many times per week do you expect to attend class?	
Do you have any questions or concerns you would like to discuss at this time?	

Processed for dojo by _____ Today's Date _____

STATEMENT OF INFORMED CONSENT AND RELEASE OF LIABILITY

I, the undersigned, am applying for instruction in the martial art of Aikido at Aikido - Providence Aikikai, Inc., an Aikido school, (hereinafter "the School") and declare that I understand that I am applying for instruction in martial arts involving strenuous exercise and personal body contact, and that I am fully aware that injury may occur in the practice of Aikido.

In consideration of being given instruction in Aikido and related martial arts by the School, and of the use of the facilities furnished by the School, as well as the instruction, help, assistance, and advice rendered by agents, officers, instructors, students and members of the School (hereinafter "Activities"), I do hereby release and forever discharge all officers, instructors and agents of the School who arrange, advise, instruct, or supervise the instruction, scheduling, practice, and any other function of said School and Activities from all claims, demands, causes of action for personal injury, or any other damage that I may suffer in the course of my participation in the Activities of the School.

I understand that it is not the purpose of the Activities or the School to teach safety rules, nor is it the function of the instructors to serve as guardians of my safety. I also understand that I am solely responsible for my participation in the practice of Aikido and the Activities, and I agree to assume all risks that arise from them. I further declare that I am not relying on the School to provide any insurance protection for injuries that I may suffer.

I hereby personally and specifically assume all risks of any and all injuries I may suffer as a result of my participation in the Activities, whether foreseen or unforeseen, including any aggravation in whole or part of existing injuries or medical conditions. I assume responsibility for my physical fitness and capability to perform and participate in the Activities, and all related risks whether or not I have had a medical examination. I assume all such risks for myself as well as for my heirs, executors, administrators, and assigns. I agree that I will not pursue any lawsuit against the School or against its officers, instructors, students and/or agents for damages arising out of the practice of Aikido or any Activities of the School.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are a legal binding contract and not a mere recital, that I have signed this document as my own free act, that I have fully understood the contents of this affirmation and release by reading it and asking any questions I may have before I signed it.

Signature _____ **Date** _____

Print Name _____

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