

Waiver Form

AFFIRMATION AND LIABILITY RELEASE

I, _____, hereby request to be admitted as a participant of Aikido Classes at Nikkei National Museum & Cultural Centre (Nikkei Place) operated by Vancouver Shomonkai Aikido Association, and hereby agree to the following terms and conditions:

1. I understand and acknowledge that I am seeking instruction in Aikido, a martial art, involving strenuous exercise and body contact;
2. I understand that the instructor, or anyone authorized to act in his/her stead, has the right to terminate my participation for any infraction of safety regulations, willful disobedience, or disrespect shown to any instructor, or for any conduct which is deemed detrimental to or inconsistent with the high principles and spirit of Aikido;
3. As a condition of my participation at the classes, and in consideration thereof, I hereby agree to release, indemnify its instructors, employees, volunteers, agents, and/or other participants thereof, from any and all liability for any injury, disease, damage or loss which I may incur while training, during the course of any instruction, or in any other activity in these classes;
4. I represent as part of this application that I am of sound physical and mental health and condition. I understand and agree that if I am suffering from any injury or experience pain or discomfort during the course of any instruction, training, or exercise, that it is my responsibility to cease that activity and bring this circumstance to the attention of the instructor immediately;
5. I hereby agree to these terms and promise and covenant for myself, and my heirs and assigns, that my training in these classes is solely my responsibility and that I am assuming all risk of any injury, disease, damage, or loss to myself;
6. I hereby agree to obey the rules of Vancouver Shomonkai Aikido Association, and explicitly follow all the directions given by the instructors during the course of these classes.

I HEREBY DECLARE THAT I HAVE READ THIS DOCUMENT AND ALL OF ITS TERMS, AND ACKNOWLEDGE THAT I FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OF PARTICIPATION.

Printed Name: _____ Phone: _____

Address: _____ Postal Code: _____

Date of Birth: _____ E-mail: _____

Signature: _____ Signed Date: _____

Signature of Guardian (If under 18 years old): _____