

Shindai Aikikai Aikido Dojo

It is only necessary to fill this form out once each year, so please take time to fill this in completely and very legibly.

SEMINAR NAME: Hiroshi Ikeda Shihan 2011 Seminar fee: **\$115.00**

YOUR NAME (please print) _____

ADDRESS: _____ City: _____ State: _____

Zip: _____ Cell Phone: _____ Work Phone: _____

E-Mail Address (please Print legibly): _____

Emergency Contact (Name): _____ Phone: _____

Home Dojo: _____ Date of Birth: _____ Aikido Rank: _____

Medical conditions: _____ Emergency Contact: _____

Payment Type: Cash () Check () Credit Card () We accept MasterCard / Visa / Discover only : >>>

Card # : _____ Exp. Date _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I, the undersigned, acknowledge that I am applying for instruction in Aikido at Shindai Aikikai Aikido Dojo, an affiliate dojo (school) of the Aikido Schools of Ueshiba (ASU), **or one of it's related training seminars or events**, and that I have watched or participated in at least one Aikido class. I understand that Aikido involves strenuous exercise and personal body contact and I understand that because of this, there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints, and broken bones.

In accordance with the law, Shindai Aikikai Aikido Dojo does not exclude individuals with medical condition that do not pose a medically recognized threat to the health and safety of other students in the normal course of training. I understand that there are some unavoidable circumstances that may require special caution on my part to minimize danger to others or myself, and I acknowledge that it is my responsibility to act accordingly.

I understand that some students may be infected with diseases such as HIV/AIDS and Hepatitis that can be transmitted by exchanges of blood or other bodily fluids, and that I may be training with them. I acknowledge that I have read and will follow the Shindai Aikikai Aikido Dojo Blood-Borne Pathogen Policy posted in the dojo or at events, for dealing with injuries to others and myself that present opportunities for exposure to blood or body fluids.

I acknowledge that Shindai Aikikai Aikido Dojo carries no insurance against injury to any of its students. As a condition to being admitted to the Shindai Aikikai Aikido Dojo as a full time or temporary student, I assume the risk of all injuries and do hereby hold Shindai Aikikai Aikido Dojo, it's employees and agents, harmless from any and all liability due to injuries or conditions suffered by me or caused by third parties to me, arising out of activities involving Aikido, or any variation thereof, whether occurring on the premises of Shindai Aikikai Aikido Dojo or elsewhere, as in the case of seminars off of Shindai property, excepting only those claims, actions or damages caused by the gross negligence or intentional act or omission of any of them. This indemnification specifically includes Royal Caribbean Cruises LTD, its employees and agents.

I understand that aikido is an educational system. For the benefit of education and training, and for the safety of the other members and myself, I will strictly follow the Rules of the Dojo and the Rules of Training as outlined in the Shindai Aikikai Aikido Dojo, (ASU) handbook. I also hereby agree to abide by the by-laws of the Shindai Aikikai Aikido Dojo. Should I break any of these rules or by-laws, I understand that it is the decisions of the board of Shindai Aikikai Aikido Dojo whether or not I may continue training. I will abide by their decision.

IF THE APPLICANT IS A MINOR: I, the undersigned, as parent or legal guardian of the above applicant, certify that I have read the above contract. I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Signature (Please also print name below if you are the applicants parent/guardian)

Today's Date