

# **CALIFORNIA AIKIDO ASSOCIATION**

## **Release, Consent and Assumption of Risk Statement Semi-Annual Meeting at Aikido West**

**NAME:** \_\_\_\_\_ **PHONE:**(        ) \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**AIKIDO RANK:** \_\_\_\_\_

I, the undersigned participant of the California Aikido Association training and meeting, acknowledge that I am participating in a martial arts event involving strenuous exercise and personal body contact, and that martial arts training can be physically harmful and/or emotionally stressful.

\_\_\_\_\_ **initial**

I am voluntarily participating in Aikido training with full knowledge of the danger involved. I agree to assume any and all risks of injury, illness, or death, whether or not caused by negligence.

\_\_\_\_\_ **initial**

If I have a disability, illness, pregnancy, or am currently seeing a therapist, I have consulted with my physician or therapist before participating in Aikido training.

\_\_\_\_\_ **initial**

I agree that I, my heirs, legal representatives and assigns (1) will not make a claim against Aikido West and/or the California Aikido Association's, directors, officers, employees and agents for any injury or damage resulting from my participation in Aikido training, and (2) will release and discharge Aikido West and/or the California Aikido Association from all claims or demands arising from injury or damage to me caused by my participation in Aikido training.

\_\_\_\_\_ **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 myself and Aikido West and the California Aikido Association and sign it of my own free will.**

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

If under the age of 18 years old, parent or legal guardian must sign below.

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_