



Chushinkan Dojo, Inc.

Aikido Association of America Western Region Headquarters

I am a one-time visitor I have registered for a Buena Park Recreation Class

For and in consideration of the permission of Chushinkan Dojo, Inc. to use its facilities and of the execution by others of agreements similar hereto, the undersigned hereby agrees that while upon premises used by Chushinkan Dojo, Inc. or while using its equipment at any location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases Chushinkan Dojo, Inc. from any and all claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts of any persons thereon.

The undersigned further agrees to indemnify and hold harmless Chushinkan Dojo, Inc. and each of its instructors, teachers, officers, and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon premises used by Chushinkan Dojo, Inc. or while using its equipment for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person.

I certify by my signature that I have read and understand this agreement in its entirety and all of my questions regarding it have been fully answered. I understand that Chushinkan Dojo, Inc. documents activities and events involving classes and instruction. I give Chushinkan Dojo, Inc. permission to use any documentation, such as videotaping, photography, or film, in which my image is taken in whatever way Chushinkan Dojo, Inc. wishes. I understand that Chushinkan Dojo, Inc. is the sole owner of this documentation.

<i>Visitor – fill out unshaded fields Buena Park Recreation Class Participant – fill out all fields</i>	
Full Name:	Today's Date:
Address:	Day Phone:
	Evening Phone:
Medical conditions that may limit your practice:	E-mail:
	Date of Birth:
Previous martial arts:	Occupation:
Emergency contact name and phone:	Contact's relationship to you:
Do you belong to another aikido dojo/martial arts organization?	
How did you hear about us?	
<input type="checkbox"/> I understand that training in aikido could result in physical injury. <input type="checkbox"/> I have read and understood the Release of Liability, and the information I have given is complete and correct.	
Signed (parent or guardian if under 18):	