

Aikido of Madison



STUDENT: _____
(please print the student's name)

KID/TEEN RELEASE OF LIABILITY for CLASSES AT AIKIDO OF MADISON, LLC

Aikido, because of its physical nature, can present risk of injury, much like any sport. We, as instructors at Aikido of Madison, LLC, make every effort to teach proper safety in learning and using the techniques of Aikido. This release is intended to inform you of the potential risk of injury and assure you that we, through proper instruction, will do our utmost to reduce that risk.

Recognizing that Aikido is a martial art and that participation in classes at Aikido of Madison, LLC may entail some risk of harm, I hereby release and forever discharge and hold harmless for myself and my heirs, executors, administrators and assigns, Aikido of Madison, LLC and its instructors and proprietors from all claims, whether contemplated or not, which I, my heirs, executors, administrators or assigns can, shall, or may have reason to make because of my participation in such classes.

You are never required to participate in any exercise or movement that you perceive, suspect or fear to be beyond your capability to perform safely without injury to yourself or others.

Its is understood that this is a full and final release of all claims of every nature and kind whatsoever whether in law or equity, and releases claims that are known and unknown, suspected and unsuspected.

To be completed by parent or legal guardian:

Parent/Guardian (print your name): _____

Signature: _____

Date: _____

How did you hear about Aikido of Madison?

Facebook post YouTube video Poster Word of mouth Walk-in

*If you would like to sign up for the Aikido of Madison email list, add your email and check the box on the other side of this form. The group is used to send information about dojo business such as class cancelations, upcoming events, news and questions. Aikido of Madison does not sell or share list addresses.

Aikido of Madison

CONTACT & MEDICAL INFORMATION FOR PRACTICE AT AIKIDO OF MADISON, LLC

NAME:		
ADDRESS:		
City	State	Zip
email:		<input type="checkbox"/> Add me to email List

WHAT MEDICAL PROBLEMS DO YOU HAVE
THAT WE SHOULD KNOW ABOUT?
(Please note if there are any specific steps we need to take
regarding your medical condition should you become ill)

IN CASE OF EMERGENCY, WHOM SHOULD WE CONTACT?		
NAME:		
ADDRESS:		
City	State	Zip
PHONE NO.:	RELATIONSHIP:	
DOCTOR'S NAME:		
DOCTOR'S PHONE NO.:		

I VERIFY THAT I HAVE BEEN SHOWN A COPY OF THE **DOJO PROCEDURE REGARDING BLOOD-BORN DISEASES** AND I UNDERSTAND MY RESPONSIBILITIES:

PLEASE PRINT YOUR NAME: _____

SIGNATURE: _____ DATE: _____