

Aikido Goshinkai Melbourne Seminar

Student Name: _____ **Date of Birth:** ____ / ____ / ____

Parent or Guardian Name (if student under 18): _____

Address: _____

Phone: (H) _____ (W) _____

Mobile: _____ Email: _____

Emergency Contact Person (Name & Phone Details): _____

Physical Conditions/ Illness for Consideration: _____

Allergies and Treatment: _____

Dojo attending from? _____

I understand that although every care will be taken, I hereby consent & confirm that South Kingsville Dojo Aikido and Aikido Goshinkai, its instructors and owners, will not accept responsibility for accidents or mishaps of any kind which may occur during practice sessions. I also understand that it is my responsibility to inform the instructors of any illness, injury or condition that may in any way alter or impede my ability to practice. **Init.** _____

I understand that pre-paid course fees are non-refundable and not transferable. **Init.** _____

South Kingsville Dojo Aikido and Aikido Goshinkai reserves the right to reject any applicant for classes at any time without explanation.

Name: _____
(Parent or Guardian if under 18years of age)

Signature: _____

Date: ____ / ____ / ____

Classes Attending		
Friday, 5 th of May	6:30pm to 9:00pm	<input type="checkbox"/>
Saturday, 6 th of May	10:00am to 12:30pm	<input type="checkbox"/>
Saturday, 6 th of May	2:00pm to 4:30pm	<input type="checkbox"/>

Class Prices	
\$45.00 Per Class	<input type="checkbox"/>
\$80.00 for Saturday	<input type="checkbox"/>
\$100.00 for All Classes	<input type="checkbox"/>

Release and Indemnity Agreement

This document will affect your legal rights and liabilities

Please read carefully before signing

I am aware that Aikido is a martial art and hence certain traditions and principles must be understood and observed at all times. The practise of Aikido involves an element of danger and unpredictability and permanent and serious injury could possibly result from the participation in Aikido practise.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting from such risks, dangers and hazards.

I hereby agree as follows:

1. TO ASSUME AND ACCEPT ALL RISKS, DANGERS AND HAZARDS in connection with the practise of Aikido.
2. TO WAIVE ANY AND ALL CLAIMS that I may have against Aikido South Kingsville Dojo and Aikido Goshinkai, their directors, officers, employees, agents and representatives.
3. TO RELEASE Aikido South Kingsville Dojo and Aikido Goshinkai from any and all liability for any loss, damage, injury or expense that I, or my next of kin, may suffer or incur as a result of my actions due to any cause whatsoever, INCLUDING NEGLIGENCE ON THE PART OF Aikido South Kingsville Dojo and Aikido Goshinkai.
4. TO HOLD HARMLESS AND INDEMNIFY Aikido South Kingsville Dojo and Aikido Goshinkai from any and all liability for property damage, personal injury or death suffered by myself or by a third party as a result of (a) my use of the facilities and/or (b) my breach of the terms and conditions upon.
5. THAT THIS RELEASE AND INDEMNITY AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators, ad assigns, in the event of my death;
6. TO OBEY all warning signs and other notices posted within the facilities and to obey the Code.
7. Carefully follow the training instructions, dojo rules for etiquette and safety at all times during my practise of Aikido.
8. I am not required to perform any techniques or practise in any situation, which I consider to be unsafe, in which case I agree to notify the instructor immediately of my concerns.

I further represent that I am able to participate in and undertake physical exercise and I am not aware of having any physical, medical, mental or health disability or conditions or disease which might or could be aggravated or worsened by physical exercise or which might or could result in deterioration of health if physical exercise is undertaken. **Init.** _____

I have read and understood this Release and Indemnity Agreement prior to signing it and am aware that by signing this document, I am affecting the legal rights and liabilities of myself, my heirs, next of kin, executors, administrators and assigns. **Init.** _____

Further I acknowledge receipt of a copy of the Student Code of Conduct. **Init.** _____

Signed: _____ Witness: _____

Name: _____ Name: _____

Date: _____ Date: _____

Parent or guardian signature (if applicable)

The above named participant is under the age of 18.

I am a parent/guardian of the participant and am aware of the risks involved and I further consent to the above named to participate in Aikido.

I further agree to be bound by the terms of this Release and Indemnity Agreement.

Signed: _____ Witness: _____

Name: _____ Name: _____

Date: _____ Date: _____