

Florida Aikido Center, LLC Registration Form & Waiver

Date:		
Name:		
Address:		
Phone Number(s) (home, cell & work):		
Email Address: (please print clear enough to read)		
Date of Birth:		
Emergency Contact – Name & Phone Number(s) (home, cell & work):		
Have you ever studied a martial art before? If yes, which style and for how long?		
If participant is under age 16, who is authorized to pick him/her up?		
Are there any medical or other health factors that might affect you/your child's performance in this activity (<i>e.g.</i> , asthma, allergies, fainting, dizziness, etc.)? I will immediately inform an instructor of any medical or health factors which may occur or develop which could affect my/my child's participation.	Please initial: Yes_____ No_____ (If yes and under the age of 18, a medical release is required.)	
Are you/your child taking any medications that might affect you/your child's performance in this activity? I will immediately inform an instructor of any medications which may be later prescribed which could affect my/my child's participation.	Please initial: Yes_____ No_____ (If yes and under the age of 18, a medical release is required.)	
Photo Permission: Florida Aikido Center, LLC reserves the right to use both moving and still images taken in class or events for instructional videos and/or advertisements without my written consent.	Initial _____	

I, the undersigned, acknowledge that I am voluntarily attending classes to obtain instruction in a martial art involving strenuous exercise and personal body contact. 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, broken bones, permanent disability or even death and I hereby assume full responsibility for all risks.

Florida Aikido Center, LLC will not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety to self or other students in the normal course of training. I understand though, that there are some unavoidable circumstances where these conditions may require special caution on

my part to minimize the danger to others or myself, and I acknowledge that it is my responsibility minimize the danger to myself and others and to act accordingly. In particular, 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 body fluids and that I may be training with them. I will follow the procedures for dealing with injuries to myself and others that present opportunities for exposure to blood or body fluids.

As a condition of being admitted to the Florida Aikido Center, LLC, I agree to obey instructors, and other students to help minimize the risk of injury to myself and others. I assume the risk of all injuries, and do hereby release Florida Aikido Center, LLC, their employees, instructors, students, volunteers, and agents, but not limited to them, from any and all claims and/or liability due to loss or injuries or any unforeseen accident suffered by me or caused by third parties to me, arising out of any activities, whether occurring on the premises or elsewhere or any other activity, including traveling to or from or being transported for an activity.

I also hereby waive, release and forever discharge for myself, my heirs, executors, administrators, legal representatives, including successors, any and all rights and/or claims which I have, may have, or may hereafter occur to me, and agree not to sue or file any claims of whatever nature against any organizers, sponsors or affiliated organizations and their respective agents, employees, instructors, students, volunteers, officers, but not limited to them, for any and all damages, personal property losses, injuries or claims which may be sustained by me directly or indirectly arising out of my participation in any activities and/or events.

If the below signed student is under the age of 18, in the event of sudden illness, accident, or injury which may occur, when neither the parent(s) nor the guardian(s) can be contacted, I hereby give my consent for urgent or emergency medical treatment as shall be necessary under the circumstances and that all costs for such treatment will be paid by me for any and all injuries, including injuries sustained while en route to or from an event or activity.

I agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I hereby state that I/my child am/is in good health and able to participate in all martial arts related activities. I further acknowledge that I have read and fully understand the above. I certify that all answers, to the best of my knowledge, are true and correct.

I have read the above and fully understand that I have given up substantial rights by signing it, and knowing this, sign it voluntarily.

Participant Signature (All Participants)

Parent Signature if Participant is Under 18

Name Printed:_____

Name Printed:_____