

OC Aiki Kai Waiver Form

Name: First _____ Last _____ Birthdate _____ Age ____ Sex ____
 Address: Street _____
 City _____ Zip _____
 Phone: Home _____ Cell _____ Work _____
 Email: _____

Do you use: Facebook Twitter Yelp Mac (Apple) PC

Individual Responsibility and Liability Release

The undersigned hereby agrees to abide by the established procedures of **Orange County Aiki Kai, Inc.** with the full understanding of these conditions (please initial the following):

| Initials | Conditions |
|----------|--|
| | I agree to release, hold harmless and indemnify Orange County Aiki Kai, Inc. and its instructors, guest instructors, officers and directors from any liability or damages arising in connection with the teaching or practice of Aikido and related training. |
| | In any physical activity, and especially in the practice of a martial art, there is an inherent risk of injury. I agree that training and related safety, both on and off the mat area, are my sole and exclusive responsibility. |
| | As a student (or parent), I agree and expect to pay all dues and assessments according to established rules and fees set by Orange County Aiki Kai, Inc. I further understand that no monies are refundable in any situation, including expulsion from the school or my voluntary decision to cancel my membership. |
| | I (or my child) will always conduct myself in a manner that will bring honor to the martial art of Aikido, Orange County Aiki Kai, Inc. , my instructors and myself. |
| | The school and/or its instructors have the right to expel any student for any infraction of our stated regulations or for conduct detrimental to the safety of other members of the Dojo or the harmonious intent and spirit of the School. |

Please list any medical problems or conditions that may limit or influence your ability to practice Aikido:

Emergency Contact: _____ Relationship: _____ Cell: _____

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*I hereby voluntarily and without compensation **authorize pictures and/or video recording(s)** to be made of me (or of the above-name individual if the individual is legally unable to give consent) by Orange County Aiki Kai, Inc. (OCAK) while I am participating in school activities. I authorize disclosure of the picture and/or video recording to OCAK for the purposes of promoting the school (a California Non-Profit Corporation) and its activities. I understand that my name may be used with these images, but that contact information (address, phone, email, etc.) WILL NOT be included when publishing on the web.*

I, the undersigned, at the time of the signing of this agreement, acknowledge that I am of lawful age and have fully read this agreement and completely understand its contents.

Print Name: _____

Signed (Adult/Guardian): _____ Date: _____