

Inaka Dojo, Inc.

I, the undersigned, acknowledge that I am applying for 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 and broken bones. I acknowledge that the Beecher Fitness Center and Inaka Dojo, Inc. carries no insurance against injury to any of its members. As a condition to being admitted to the Dojo as a student, I assume the risk of all injuries and do hereby hold the Inaka Dojo, Inc., Beecher Fitness Center, its employees and agents harmless from any and all liability due to injuries suffered by me or caused by third parties to me, arising out of activities involving Aikido, or any variation thereof, whether occurring on the premises of the Beecher Fitness Center or elsewhere, excepting only those claims, actions or damages caused by the gross negligence or intentional act or omission of any of them.

I understand that Aikido is an educational system. For the benefit of the education and training and of the safety of myself and the other members, I will strictly follow the Rule of the Dojo, instruction of the teacher, and the Rules of Training as outlined in the Dojo Training Handbook.

Signature _____ Date _____

Printed _____ Phone _____

Address _____

City, State _____ Zip _____

e-mail _____

Home Dojo _____

Medical conditions impacting training (diabetes, heart, asthma, back, knee, etc.):

Emergency contact: Name _____ Phone _____

If the applicant is under 18 years of age:

I, the undersigned, as parent or guardian to the above applicant, certify that I have read the above contract and I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Parent's signature

Date