

## Inaka Dojo Registration

<p>_____</p> <p>Name (printed)</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City _____ State _____ Zip _____</p> <p>_____ Cellular? No _____ Yes _____</p> <p>Phone</p> <p>_____</p> <p>E-mail Address</p> <p>_____</p> <p>Emergency Contact _____ Phone _____</p> <p>_____</p> <p>Previous martial arts experience</p>	<p>Are you a medical professional? No _____ Yes _____</p> <p>Do you have any allergies, physical limitations or medical conditions? If these may affect your training or the training of others, you are responsible for making the class instructor aware of them.</p> <p>No _____ Yes _____ If yes, please explain briefly.</p>
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### Consent and Assumption of Risk Statement

1. I acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact and that might result in bodily injury including permanent disability or death and severe social and economic losses and damages due not only to my own negligence, but also the negligence of others. I further acknowledge that there may be other risks not known or foreseeable at this time, which could arise.
  
2. I accept and assume all such risk and responsibility for all losses and damages following any such injury, illness, disability, paralysis or death, however caused or alleged to be caused.
  
3. I agree that before using the mat or any equipment, I will inspect the facilities and equipment I use, and if I believe anything is unsafe, including the exercise or technique, I will immediately advise the instructor present and will refuse to participate in training any further.
  
4. I have read, understood, and will comply with each part of the CDC's recommended "universal precautions" as modified for Aikido training in order to reduce the already slight risk of transmission of HIV and other blood and body fluid-borne diseases.

<p>_____</p> <p>Participant's Name (printed)</p>	<p>_____</p> <p>Participant's Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Parent/Guardian's Name (printed)/Relationship to minor</p>	<p>_____</p> <p>Parent/Guardian's Signature</p>	<p>_____</p> <p>Date</p>

