



# AIKIDO of Champlain Valley

## Liability Release

I, \_\_\_\_\_, hereby apply for instruction at Aikido of Champlain Valley, and hereby agree to the following terms and conditions:

1. I understand and acknowledge that I am seeking instruction in Aikido, a martial art that involves strenuous exercise.
2. I understand that the instructor, or anyone authorized to act in his/her stead, has the right to terminate my participation for any infraction of safety regulations, willful disobedience, or disrespect shown to any instructor, or for ANY conduct which is deemed detrimental to or inconsistent with the high principles and spirit of Aikido. To include but not be limited to the use of alcohol, narcotics, stimulants or non-prescription drugs, prior to or during a class.
3. As a condition of my attendance and participation, and in consideration thereof, I hereby agree to release, indemnify its instructors, employees or agents and/or servants thereof, from any and all liability for any injury, damage or loss which I may incur while training, during the course of any instruction, or in any other activity conducted by Aikido of Champlain Valley.
4. I represent as part of this application that I am more than 18 years of age (if not, release must include signature of parent/guardian) and of sound physical and mental health and condition. I understand and agree that if I am suffering from any injury or experience pain or discomfort during the course of any instruction, training or exercise, that it is my responsibility to cease that activity and bring this circumstance to the attention of the instructor immediately.
5. I hereby agree to these terms and promise and covenant for myself, and my heirs and assigns, that my training at Aikido of Champlain Valley is solely my responsibility and that I am assuming all risk of any injury or damage to myself.
6. I have read this document, and all of its terms, and acknowledge that I fully understand the terms and conditions of participation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is younger than 18 years, signature of parent/guardian)

<b>FOR OFFICIAL USE ONLY</b>	
Processed by: _____	Date processed: _____
Date of interview: _____	Amount Paid: _____
Date watched class: _____	Special discounts/family rate: _____