

AIKIDO OF SCOTTSDALE

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

DOJO: _____

AFFILIATION: _____

☐ FULL SEMINAR \$75

☐ FRIDAY ONLY \$40

☐ SATURDAY ONLY \$60

☐ SUNDAY ONLY \$50

TOTAL \$ _____

CHECKS PAYABLE TO:

AIKIDO OF SCOTTSDALE

8402 E. INDIAN SCHOOL RD. #101

SCOTTSDALE, AZ 85251

480. 367. 0222

WWW.AIKIDOOFSOTTSDALE.COM

INFO@AIKIDOOFSOTTSDALE.COM

Release and Agreement Waiver

Aikido of Scottsdale (AOS), its members, instructor, guest instructors or anyone else, are unwilling to have people practice Aikido on its premises if AOS, instructor or anyone else might be sued for injuries that may happen to anyone while practicing or for injuries that could occur, for any reason, anywhere on the premises or on the way to or from AOS. Therefore, we ask, in consideration and exchange for allowing you to practice at AOS and other good and valuable consideration, the legal sufficiency of which is hereby acknowledged, that you sign this document and by doing so give up any rights you might have to sue or hold AOS, its members, instructors, students or anyone else, liable for any injuries which may occur to you caused by negligence or any other reason, while anywhere on AOS premises including while on the mat and including while on the way to or from AOS. Every participant is solely responsible for knowledge of their own physical, medical or health condition and ability. If any participant has any concern regarding their physical ability to participate at the school, the participant is obligated to seek medical advice.

I, (print name) _____, the undersigned, also declare that I have carefully read this document and understand it and in consideration exchange for practicing Aikido at AOS, and in further consideration as more fully stated above, give up any rights I may have to sue or hold liable AOS, its instructor or anyone else, for any injuries that may occur to me while practicing Aikido here or while anywhere on the center premises or while going to AOS.

Signature: _____ Date: _____

In case of emergency, please notify:

Name: _____

Phone: _____