

JAPANESE AIKIDO LLC.

Registration form

Student's Name _____

Street address _____

City _____ Zip Code _____

Date of Birth _____ Age _____

E-Mail Address _____

Home # _____

Cell # _____

Which class or classes are you attending?

Thursday 7:30-9:30pm When Available _____

Saturday 11:00-1:00am _____

In case of emergency, please contact:

Phone # _____

DUE DATE/PAYMENT AGREEMENT

A non-refundable payment must accompany each registration form. Make payment out to Japanese Aikido LLC. Japanese Aikido reserves the right to cancel any class, due to insufficient registration or conditions beyond its control.

All monthly tuition payments are done by auto withdraw through Pay Pal with a checking account due by the 1th of the month. Please attach a voided copy of a check to this form when starting class. If you choose to discontinue aikido lessons, you must give a 30 day notice (by completing a notice of discontinuance of Aikido) to stop Pay Pal from withdrawing.

Medical Information Release

Allergies (food/medicine/other) _____

Current Medications: _____

Reason taking medication _____

Physical Handicaps: _____

Is there any reason you should not participate in any strenuous physical activity?

11-18-2017 JA

JAPANESE AIKIDO_{LLC.}

Waiver of Liability Fitness Classes

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit,

I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

- A. Waive, release and discharge from any and all liability Japanese Aikido LLC. Its owners, teachers, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, property theft, or actions for any kind which may hereafter accrue to me.
- B. Indemnify and hold harmless Japanese Aikido LLC. its owners, teachers, employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

I know that there may be a risk associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibilities of my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur.

Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver on the date indicated.

Print Name: _____

Signature: _____

Date: _____