

Aikido Center of Los Angeles O'Sensei Memorial Seminar 2015

Registration & Waiver

Name	Dojo
Mailing Address	
Phone	Email

Release and Waiver of Assumption of Risk and Indemnity

I understand that participation in any martial art including Aikido, requires intense physical movement and contact and involves the risk of serious injury and even death. By signing below, I (on my own behalf and/or on the behalf of my child(ren)/ward(s)) agree to assume all risk of such injuries and/or death. Furthermore, by signing below, I agree to release and discharge, waive any potential claims against, fully indemnify, and hold harmless the Aikido Center of Los Angeles (hereinafter "ACLA") and any or all of its members from all claims and causes of action that I have ever had, now have, or may have in the future, known or unknown, or that any person claiming through me may have or claim to have against ACLA and any or all of its members, guest instructors, successors, and/or assigns for any and all liability created by or arising out of my participation (and/or through the participation of my child(ren)/ward(s)) in the activities of ACLA. I voluntarily and knowingly execute this release with the express intention of effecting the legal consequences provided by Section 1541 of the California Civil Code, that is, the extinguishment of obligations as herein set forth above. This release shall be binding upon my spouse, heirs, legal representatives and assigns and its coverage shall extend to the heirs, legal representatives and assigns and its coverage shall extend to the heirs, legal representatives and assigns of ACLA and its members, individually or collectively.

In addition, I assume liability for loss or damage to the real or personal property of ACLA caused by my own negligence (or by the negligence of my child(ren)/ward(s)) and agree to abide by the Rules and Regulations of ACLA. I understand that a copy of said Rules and Regulations will be provided to me upon request.

Signature _____ Tel _____ Date _____

Parent or Guardian _____ Print name _____

Insurance coverage and policy # _____

Physician's name _____ Physician's Phone _____

Special health concerns _____

Emergency contact _____ Phone _____

O'Sensei Memorial Seminar 2015, April 24-26th : \$100

Make checks payable to "Aikido Center of Los Angeles" and mail with this application to:

**Aikido Center of Los Angeles
1211 N. Main St.
Los Angeles, CA. 90012**

**For more information please contact
info@aikidocenterla.com**