



YOUTH WAIVER

AIKIDO OF SANTA CRUZ

a non-profit, educational organization

"Aiki is not a technique to fight with or defeat an enemy. It is the way to reconcile the world and make humanity one family."

--Morihei Ueshiba, Founder of Aikido

***Aikido of Santa Cruz Youth Program
Agreement and Release of Liability
-Part I-***

Date: _____ <input type="checkbox"/> Enrolled <input type="checkbox"/> Trial
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Student Name _____

Parent (1) Name _____

Parent (2) Name _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Email _____

Email _____

Address _____

City/State/Zip _____

Student's Birthday _____ Age _____ Gender: M / F

Prior Aikido experience/rank _____

How did you hear about our school (circle all that apply)? Ad or Calender listing in "Growing up in Santa Cruz" – Flyer – Friend – Banner in front – Good Times – Metro SC– Connection Mag – Other: _____

Emergency Contacts: A copy of this form will be kept in the attendance binder for your child's class, to be used in an emergency.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Does your child have any physical or other conditions that an emergency medical worker should know about (Diabetes, Heart Condition, Seizures)? _____

Please list any medications your child currently takes: _____

Please list any medications/drugs to which your child has allergies: _____

Please describe any chronic injuries that may affect your child in class, such as knee problems, neck injury, etc.:

Is there anything else you want the dojo to know regarding special needs your child may have due to a physical or mental condition, so that we may know how to proceed before he or she receives emergency care? (Please attach an additional sheet of paper, if more space is needed)

Please Complete the Other Side.

Agreement and Release of Liability

Part II

THIS AGREEMENT is made between (please print your name clearly:) _____ and *Aikido of Santa Cruz, (a.k.a. North Bay Aikido, Inc.)*, a non-profit public-benefit corporation, its instructors, students, agents, authorized guests and affiliated organizations (collectively referred to hereafter as "*Aikido of Santa Cruz*").

In consideration of my child's enrollment in a martial arts program provided by *Aikido of Santa Cruz*, I make the following statements and promises:

1. I am aware that martial arts training involves strenuous physical activity and personal body contact, and that my child will be participating in simulated attack situations which can be physically harmful and/or emotionally stressful. (initial) _____

2. I am voluntarily enrolling my child in martial arts instruction with the understanding that there is potential danger and the possibility of injury. I agree to accept any and all risks of injury as my sole responsibility. (initial) _____

3. If my child has a disability or illness, I promise to consult with his or her physician before enrolling him or her in martial arts instruction. (initial) _____

4. I agree that I, my heirs, legal representatives and assigns will abide by the following: I promise to defend, indemnify and hold *Aikido of Santa Cruz* harmless from any and all liability (including attorney's fees and costs) for all claims, actions, or damages:

(a) for any injury or damage resulting from my child's participation in the program;
_____ (initial)

(b) arising from injury or damage to my child caused by his or her participation in the program;
_____ (initial)

(c) by third parties alleging injury from my child's use of the techniques learned in the program, or any variation thereof, whether occurring on the premises of *Aikido of Santa Cruz* or elsewhere. I have not requested nor received any warranties as to the effectiveness of the training.
_____ (initial)

5. **(STUDENT)** I agree to abide by the rules of Aikido of Santa Cruz and to follow explicitly all instructions given by instructors during the course of my instruction. (student initial) _____

Parent or guardian must sign below:

I, the undersigned, as parent or guardian of the above minor, hereby certify that I have read the above Agreement, and I consent to the minor's participation in the *Aikido of Santa Cruz* programs and agree to abide by its provisions for myself and the minor.



Date _____ Signature _____

True budo is a work of love. It is a work of giving life to all beings, and not killing or struggling with each other. Love is the guardian deity of everything. Nothing can exist without it. Aikido is the realization of love.

--Morihei Ueshiba, Founder of Aikido