

Central Illinois Aikikai

c/o Knut Bauer 2112 S. Vine Street Urbana, IL 61801
Phone 217.384.6370 Fax 217.352.1805 Email artknut@aol.com
www.aikidocia.org

Central Illinois Aikikai Release Form

Name _____ Date of Birth _____ Occupation _____

Address _____ Phone _____

Emergency Contact Person _____ Phone _____

Do you have any medical conditions we should be aware of? _____

I agree to abide by the bylaws of the Central Illinois Aikikai and by the decisions of the board of directors, the membership, and the instructors in all matters relating to the practice of Aikido and the use of the facilities of the Central Illinois Aikikai. I recognize that Aikido shares the hazards of practicing any martial art and I agree not to hold the Central Illinois Aikikai, its board of directors, its instructors, its guests, or any of its members responsible for any injuries that might occur during the practice of Aikido or during any use of the facilities of the Central Illinois Aikikai.

Signature

Date

If you are under 18 years of age, you must have your parent or legal guardian sign below before you can take part in any class.

I am aware of the nature of Aikido as a martial art and the hazards involved in its practice. I hereby grant permission for my child to attend classes at the Central Illinois Aikikai and agree not to hold the Central Illinois Aikikai, its board of directors, its instructors, its guests, or any of its members responsible for any injuries that might occur during the practice of Aikido or during any other use of the facilities of the Central Illinois Aikikai.

I hereby agree that if my child or anyone on my child's behalf should claim that Central Illinois Aikikai or any of its employees, students, or volunteers is liable for any damages as a result of injuries to my child that occur during the practice of Aikido or during any other use of the facilities of Central Illinois Aikikai, then I shall hold the Central Illinois Aikikai and each of its employees, students, and volunteers harmless from such liability and shall defend Central Illinois Aikikai and its employees, students, and volunteers against any such claim and shall pay any damages which might be due my child or any other person as a result of injuries to my child.

Signature of Parent or Guardian

Date