

MEMBERSHIP APPLICATION for Addison Street Aikido

Please print clearly

NAME (Last, First, M.I.)			HOME TELEPHONE (include area code)	
MAILING ADDRESS			WORK TELEPHONE (include area code)	
CITY	STATE	ZIP CODE	DATE OF BIRTH	
E-MAIL ADDRESS:			TODAY'S DATE	
NAME OF EMERGENCY CONTACT			TELEPHONE NUMBER	

Indicate on the back of this sheet any health or medical information that might affect your participation in this class.

Articles of Release from Liability and Assumption of Risk

1) I, _____, certify that I am in good health and have no physical defects which would endanger my health in participation and practice of Aikido.

2) In consideration for my being permitted to practice Ki Aikido and Ki-Development, I do hereby agree to waive and release from any and all liability and to hold harmless Addison Street Aikido, Northern California Ki Society, Ki Society International, and its instructors, representatives, and other students from any and all claims, demands, costs, charges, and expense from any harm, injury, damage, or loss which may occur or result from my participation, study, and practice thereof.

3) I represent and covenant that at the time of signing this release and application, I am legally competent to execute it and that before signing I have fully informed myself of its contents and execute it with full knowledge thereof.

DATE: _____ SIGNATURE: _____

If participant is under 18 years of age:

As the (father, mother, or guardian) OF (name of participant) _____, I have read the above waiver and release and I agree to its conditions which will be understood to apply to the participant, myself and our heirs, executors, and administrators.

Full name of Parent or Guardian: _____

DATE: _____ SIGNATURE: _____