



Shinju Dojo Aikido
www.shinjudojo.com
sensei@shinjudojo.com
(360) 998-0749

Application and Waiver

Please remember to fill out both sides

Name: _____

Street Address: _____

City, State, Zip: _____

E-mail: _____ Phone: _____

Are you over 18 years of age?* Yes No Date of birth: _____ / _____ / _____ (mm/dd/yyyy)

* All participants must be a minimum of 15 years of age to attend without their parents with them in class.

Parent's Names: _____

Parent's E-mail: _____ Parent's Phone: _____

I understand and agree Shinju Dojo may use my name and image for promotional purposes, including online.

Yes No

Do you have Aikido, Jodo, or other martial arts experience? Yes No

(Please describe, including rank and number of hours / years.)

Do you have any impairments, injuries, illness, disease, or issues which may affect your abilities or learning style? No Yes, please explain:

What are your most important goals for learning Aikido with us? Is there anything else you would like us to know about you?

How did you find out about Shinju Dojo?

Shinju Dojo reserves the right to refuse service to anyone for any reason at any time.

Student fees are due on or before the first class of the month. We accept major credit cards, cash, and personal or cashier's checks. No refunds are given on fees, monthly dues, or on used merchandise.

Please wash hands before class and after breaks. Do not come to class ill or injured. No fragrances, jewelry, gum, food, electronics, or shoes are allowed during practice.



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- I understand it is my responsibility to consult with my doctor before starting Aikido and/or any sport(s).
- I am aware martial arts and/or all sports are physical activities that involve risks of personal injury, permanent disability, death, property damage, expense and related loss, including loss of income.
- I freely accept and fully assume all risks. I understand the risks described herein are examples only and not all risks are reasonably foreseeable - including those from illness and/or disease.
- I understand risks may be caused not only by my own actions but also the actions, inactions, or negligence of others, and/or the condition of the premises or equipment used - regardless of my participation level.
- I will notify an instructor if I see any potential hazard (such as reckless practice or an obstruction).
- I will notify an instructor or "bow out" of a technique rather than attempt a technique beyond my comfort level or ability - regardless of who I am working with and their rank.
- I understand harassment and/or inappropriate behaviors will not be tolerated at any time by anyone of any rank and will lead to disciplinary action - including the possibility of immediate removal from the program by the offender without refund. I agree to notify an instructor immediately of any concerns I have.
- I agree to notify Shinju Dojo and skip class if I'm ill or injured and to seek medical advice as needed.
- I will safely treat any injuries and/or clean up and/or contain bodily fluids for myself and/or others as necessary and to the best of my ability.
- I understand all members of Shinju Dojo are required to participate as safely and respectfully as possible at all times, ***including me***.
- In consideration of Shinju Dojo allowing me to participate in martial arts and/or any sport or activity, I agree: to release, waive, hold harmless and indemnify, discharge and covenant not to sue Shinju Dojo, its affiliated organizations and governing bodies, their officers, instructors and personnel, guests, other members of the organization and/or dojo, participants, supervisors, coaches, sponsoring organizations or their agents and, if applicable, owners and lessors of the premises (referred to in the rest of this agreement as Shinju Dojo), from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of injury or illness, including: harassment, death or property damage or expenses or loss of income, caused or alleged to be caused by any means whatsoever, in whole or in part, including by negligence or breach of contract or breach of any statutory duty of care of the releasees or otherwise.

I have read this agreement and understand it. I am aware that by signing this document I am waiving certain legal rights that I may have against Shinju Dojo and others, including the right to sue.

Signature: _____ Date: ____ / ____ / ____

Name of applicant (please print): _____

Parent/guardian signature: _____ Date: ____ / ____ / ____

Name of guardian (please print): _____

Roy/Heather Gawlick, Shinju Dojo: _____ Date: ____ / ____ / ____