



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: \_\_\_\_\_ Zip code: \_\_\_\_\_

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 join.

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, 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?

Please note: 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 monthly dues paid or on used merchandise.

**No fragrances, jewelry, gum, food, electronics, or shoes are allowed during practice.**



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I am aware Aikido, Jodo, 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 understand it is my responsibility to consult with my doctor before starting Aikido and/or any sports.
- I understand all members of Shinju Dojo are required to participate as safely as possible, including me.
- 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.
- I understand risks may be caused by not only 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.
- I understand the risks described herein are examples only and not all risks are reasonably foreseeable.
- I freely accept and fully assume all risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.
- I understand harassment and/or inappropriate behaviors will not be tolerated at any time by anyone 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.

In consideration of Shinju Dojo allowing me to participate in Aikido, Jodo, 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, 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 Gawlick / Heather Gawlick: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Owners, Shinju Dojo Aikido