

In order to train Aikido at Castle Rock AIKIDO, all students are required to agree to and sign this document.

Initial

I fully understand that **all physical activities inherently pose some degree of risk**. I further understand that;

A. there are risks and dangers associated with Aikido training including but not limited to bodily injury, partial or total disability, paralysis and possibly death. There are some unavoidable circumstances where medical/health conditions may require special caution on my part to minimize danger to myself or others, and I acknowledge that it is my responsibility to act accordingly;

B. it is possible that some students could possibly be infected with potentially communicable diseases , which can be transmitted by exchanges of blood, sweat , or skin contact and that I may be training with such individuals without knowledge of such. **I have read and will follow explicitly the CRA Safety Policy**, a copy of which is provided with this document;

C. social, emotional, astrological or psychological damages, economic losses or other risks may result from training.

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**I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OF INJURY, ILLNESS, OR DEATH SUSTAINED WHILE PARTICIPATING IN OR OBSERVING, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES DESCRIBED IN THIS AGREEMENT.**

I accept and assume all such risk and responsibility however caused, or alleged to be caused, including injuries caused in whole or in part by the negligence of CRA, its representatives, agents, employees, volunteers, instructors, other participants, owners, lessors, and lessees of the premises including their officers, directors, agents and employees.

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**I release the agents, volunteers, associates, instructors, employees, lessors, and lessees and any/all individuals associated with CRA from any and all liability, claims, demands or actions whatsoever arising out of the damage, loss or injury to me while utilizing the CRA facilities or while participating in Aikido training or any other activities contemplated by this agreement, whether such loss, damage, or injury results from negligence or otherwise.**

This document covers each and every time that I train or otherwise participate in any activity, listed or unlisted, at CRA or at any other location sponsored by CRA, its agents, employees or instructors. This liability waiver is in effect from the moment I arrive until the moment I leave the CRA, even if I am not training when an alleged incident occurs.

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**I agree to INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES from all claims, judgments, and costs including attorneys fees incurred in connection with any action brought as a result of my participation in any activity in association with CRA** and will not sue or make legal claim against the released parties as the result of my participation at CRA or at any other location where Aikido or other martial arts training takes place.

**I understand that I am forfeiting my right to sue any and all parties relating to my martial arts training under any and all circumstances.**

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I have been advised not to attempt any training activity of which I do not believe myself to be fully capable. I realize that the study of Aikido requires proper physical conditioning, which I may or may not possess. I understand that **it is recommended that I attain a formal physical evaluation by a physician prior to participating at CRA.**

I agree to abide by the training rules of the CRA and to follow all instructions given by instructors during the course of my training. It is the sole decision of the instructors whether or not I may continue training.

If any portion of this agreement shall be held to be invalid, illegal or unenforceable to any extent and for any reason by any Court of competent jurisdiction, the remainder of this agreement shall not be affected thereby and shall be enforceable to the full extent permitted by law.

I make this agreement on behalf of myself, my heirs, successors, and executors. By signing this form I am asserting that I am at least 18 years of age and a legal adult.

Participant Name (Printed)	Participant Signature	Date
Phone Number	e-mail address	
CRA Representative (Printed)	CRA Representative Signature	Date