



# SHOHEI JUKU AIKIDO CANADA

c/o Trout Lake Community Centre, 3350 Victoria Dr., Vancouver, BC, V5N 4M4

## WAIVER

I, the undersigned, am requesting to be admitted as a participant to Aikido classes offered by **Shohei Juku Aikido Canada**.

I am fully aware that my participation in such classes involves strenuous exercise and personal body contact. I also understand there are risks and dangers associated with Aikido training and other activities in which I may participate during **Shohei Juku Aikido Canada** classes including, but not limited to, bodily injury, communicable diseases, partial or total disability, paralysis or death

As a condition of being admitted to classes as a participant and a student, I expressly and voluntarily assume all risks of injury, illness or death which might be sustained while participating in or observing any activities of **Shohei Juku Aikido Canada**. I accept and assume all such risk and responsibility for all losses and damages following any such injury, illness, disability, paralysis or death, however caused or alleged to be caused.

I release **Shohei Juku Aikido Canada**, its agent, employees, instructors, guest instructors, other participants and all individuals associated with **Shohei Juku Aikido Canada** from any and all liability, claims, demands or actions whatsoever arising out of damage, loss or injury to me while upon the premises of Trout Lake Community Centre or while participating in any other activities contemplated by this agreement.

I agree to abide by the rules of **Shohei Juku Aikido Canada** and to follow explicitly all direction given by the instructors during the course of these classes.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ eMail: \_\_\_\_\_

Date of Birth(dd/mm/yyyy): \_\_\_\_\_ Gender:  M  F

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of parent or  
guardian (if under 18)