



SHOHEI JUKU AIKIDO CANADA LTD.

c/o Kensington Judo Club, 3465 Commercial St., Vancouver, BC 778-835-2476

WAIVER

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

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

I agree to abide by the rules of **Shohei Juku Aikido Canada Ltd.** 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)