

AIKIDO CLASS TRYOUT & WAIVER FORM

Name (Last,first) _____ **Age** _____ **Gender** _____

Address _____ **City** _____ **Zip** _____

Phone/text _____ **Occupation** _____

Email address _____

Prior Aikido/other martial art experience: _____

How did you hear of our school? () Google () Yelp () ASJ website () other: _____

READ THE FOLLOWING CAREFULLY – IT LIMITS OUR LIABILITY

I, the undersigned applicant of **AIKIDO OF SAN JOSE** (hereafter called "School"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal bodily contact. I acknowledge that the School carries no insurance against injury to any of its students. As a condition to being admitted to the School as a student, I assume the risk of all injury and do hereby hold the School, its employees and agents harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to injuries suffered by me or caused to third parties by me, arising out of activities involving Aikido, or any variation thereof, whether occurring on the premises of the School or elsewhere, excepting only those claims, actions or damages caused by the gross negligence or intentional act or omission of any of them.

I agree to abide by the rules of the School and to follow explicitly all instructions given by instructors during the course of my instruction.

Date _____ Signature _____

If under eighteen (18) years of age, parent or guardian must sign below.

I, the undersigned, as parent or guardian of the above applicant, certify that I have read the above application and I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Date _____ Signature _____