

Vancouver West Aikikai Membership Form

Name:

Birth Date: (Month Day Year)

Address:

Home Phone:

Other Phone:

email address:

Emergency Contact Name:

Emergency Contact Phone:

Doctor's Name:

Doctor's Phone:

Current Rank: _____

Date Received: _____

Aikido Start Date: _____

Current Date: _____

Previous Dojo(s) and Sensei(s): _____

Describe any physical or medical condition (including medications) that could affect your ability to practise Aikido:

Vancouver West Aikikai WAIVER AND RELEASE OF LIABILITY

By signing this form you give up important legal rights. Please read carefully!

This is a binding legal agreement. As a Participant in the programs, activities and events of Vancouver West Aikikai, the undersigned acknowledges and agrees to the following terms.

Disclaimer: Vancouver West Aikikai and/or the Canadian Aikido Federation, its directors, officers, members, employees, independent contractors, instructors, coaches, volunteers, officials, participants, clubs, agents, sponsors, funding partners, owners/operators of the facility, and representatives (the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during, or as a result of, any program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks: In consideration of my participation in such programs, activities and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to the sport of Aikido and that they may result in personal injury, death, property damage, expense and related loss to me. I understand that Aikido training is practiced without protective clothing or equipment and involves many inherent physical risks. These include, but are not limited to, injuries resulting from:

- Transmission of communicable diseases, including viruses of all kinds, COVID-19, bacteria, and parasites
- Ongoing physical contact with the instructor and other students
- Striking objects with parts of the body
- Executing strenuous and demanding physical techniques
- Collisions with the wall, floor, other students and instructors
- Tumbling, falling or being thrown to the floor
- Exerting and stretching various muscle groups
- Executing self-defence escapes and techniques
- Dehydration, strenuous cardiovascular workouts, and extreme changes in temperature
- Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities

COVID-19: While the Organization has put in place preventive measures to reduce the spread of COVID-19, the Organization cannot guarantee that I will not become infected with COVID-19. Further, participating in the Activities could increase my risk of contracting COVID-19.

Initials: _____

Furthermore, I am aware:

- That injuries sustained in Aikido can be severe;
- That I may come into close contact with other participants, including the possibility of accidental and unexpected touching;
- That I may experience anxiety while challenging myself during the activities;
- That my risk of injury is reduced if I follow all rules adopted during training and competition;
- That my risk of injury increases as I become fatigued; and
- **(COVID-19)** That COVID-19 is contagious in nature and I may be exposed to, or infected by, COVID-19 and such exposure may result in personal injury, illness, permanent disability, or death.

Release of Liability: In consideration of the Organization allowing me to participate, I agree:

- To assume all risks arising out of, associated with or related to my participation;
- To be solely responsible for any injury, loss or damage that I might sustain while participating; and
- To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement: I acknowledge that I am physically fit to proceed with this type of vigorous training, that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Vancouver West Aikikai Code of Conduct: I further acknowledge that I have read the Vancouver West Aikikai Code of Conduct and that I am aware, accept and will abide by the major principles, among which are: I will adhere to the given instructions and will not engage in a self-serving practice in class. I will avoid doing *ara-waza* (vigorous or rough techniques), *kaeshi-waza* (counter techniques), *henka-waza* (modified or unexpected techniques), or *renraku-waza* (combination techniques), unless instructed to do so. I will avoid unproductive resistance or competition with others, avoid using unnecessary force or displaying competitive or aggressive attitude and I will make every effort to prevent injuries.

Initials: _____

Name of Participant

Date

Signature of Participant

Witness