



# SHINKENKAI AIDO DOJO

## REGISTRATION, WAIVER, AND RELEASE OF LIABILITY FORM

Name \_\_\_\_\_  
Family Name Given names

Date of Birth \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
month/day/year

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Parent or legal guardian if applicant under 18 years of age:

\_\_\_\_\_ Telephone {H} \_\_\_\_\_ {W} \_\_\_\_\_

Martial Arts Experience {if any}

\_\_\_\_\_

Rank Style Dojo

### Medical Conditions

Do you have any existing medical conditions such as asthma, diabetes, hypoglycemia, allergies, etc?

Please list, including treatment required in case of emergency.

\_\_\_\_\_  
\_\_\_\_\_

{The following is a binding legal agreement. Please read carefully!}

I hereby make application for membership in the Shin Ken Kai Iaido Club and acknowledge and agree to the following terms.

I understand that Iaido is the traditional use of the Japanese sword and in practicing Iaido I am aware that the practice is strenuous and that there will be some physical contact with other practitioners.

### Disclaimer

Shin Ken Kai Iaido Dojo {the "Organization"} including its directors, officers, members, employees, independent contractors, instructors, coaches, volunteers, officials, participants, clubs, agents, sponsors, funding partners, guests, owners/operators of the facility, and representatives are not responsible for any injury, damage, or loss of an 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 Shin Ken Kai Iaido programs, activities, and events, I hereby acknowledge that I am aware of the risks and hazards associated with or related to the practice of Iaido and that they may result in personal injury, death, property damage, expense and related loss to me. I understand that Iaido is practiced without protective clothing or equipment and involves inherent physical risks. Furthermore, I am aware that injuries sustained in Iaido can be severe, that I may come into contact with other participants, that I may experience anxiety while challenging myself during activities, that my risk of injury is reduced if I follow all rules adopted during training, and that my risk of injury increases as I become fatigued.

### Release of Liability

In consideration of Shin Ken Kai accepting my application and 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 Shin Ken Kai Iaido Club, its directors, instructors, members and guests, 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 members of Shin Ken Kai.
- That in further consideration of the weekly, monthly, yearly or seminar fees required by the rules and regulations for participation in the club activities, I, my heirs, executors and administrators do hereby forever release, remise and discharge the Organization from all responsibilities and all claims for injury that I may receive while practicing Iaido; and the parent or guardian of the applicant hereby requests that this application be accepted, and in consideration of this acceptance and the monies to be paid, hereby agrees to indemnify the Organization of and from all manner of claims made by or on behalf of the applicant.

### Acknowledgement

I acknowledge that I am physically fit to proceed with Iaido 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.

\_\_\_\_\_  
Applicant's signature Date Parent or Guardian's signature if under 18