

**MEMBERSHIP APPLICATION AND RELEASE AGREEMENT
AIKIDO OF PRESCOTT**

Name (First, Middle, Last)	Home Phone	Date of Birth	Age
Street Address	Work Phone	Occupation	
City, State, Zip Code	Email Address		
Person to Contact in Case of Emergency	Phone	Relationship	

Previous Martial Arts Experience (Include ranks held, mos./yrs. and place of training)

I, _____, hereby apply for membership in Aikido of Prescott, and agree to all of the following terms and conditions applicable to my membership at Aikido of Prescott.

1. I understand and acknowledge that I am seeking instruction in Aikido, a martial art, involving strenuous exercise and body contact. I further understand that there is a risk of serious injury;
2. As a condition to my admission as a student and my membership at Aikido of Prescott, and in consideration thereof, **I HEREBY AGREE TO RELEASE, FOREVER DISCHARGE AND HOLD HARMLESS AIKIDO OF PRESCOTT, ITS INSTRUCTORS, EMPLOYEES AND/OR AGENTS THEREOF, FROM ANY AND ALL LIABILITY FOR ANY INJURY WHATSOEVER THAT I MAY INCUR WHILE TRAINING; DURING THE COURSE OF ANY INSTRUCTION; OR DURING ANY OTHER ACTIVITY AT AIKIDO OF PRESCOTT;**
3. I hereby represent to Aikido of Prescott, as part of my application for membership, that I am more than 18 years of age and am of sound physical and mental health and condition;
4. **I UNDERSTAND AND AGREE THAT IF I AM SUFFERING FROM ANY INJURY, OR EXPERIENCE ANY PAIN AND/OR DISCOMFORT DURING THE COURSE OF ANY INSTRUCTION, TRAINING OR EXERCISE, THAT IT IS MY RESPONSIBILITY TO CEASE THAT ACTIVITY AND IMMEDIATELY BRING THIS CIRCUMSTANCE TO THE ATTENTION OF THE INSTRUCTOR;**
5. I understand that the instructor(s), or anyone authorized to act in his or her behalf, has the right to terminate my membership for any infraction of safety regulations, willful disobedience, and/or disrespect shown to any instructor(s), or for any conduct deemed to be detrimental to, or inconsistent with the high principles and spirit of Aikido;
6. I hereby agree to these terms and promise and covenant myself, my heirs and assigns, that my training at Aikido of Prescott is solely my responsibility and that **I AM ASSUMING ALL RISK OF ANY INJURY OR DAMAGE TO MYSELF.** _____ initials
7. I have read this document, and all of its terms and conditions, and acknowledge that I fully understand the terms and conditions of membership.

Applicant's Signature	Date
Signature of Parent/Guardian (Applicants under 18 years)	Date
For Aikido of Prescott	Date

_____ I acknowledge that I have received a copy of this agreement.
initials