Portsmouth Aikido

Kids Class Registration Form

(Please Print)	Date
Name	
Address	
City/State/Zip	
Telephone	Date of Birth
E-mail address	
Has your son/daughter ever practiced a martial	art before?
Yes No	
If yes, please check which martial art:	
Judo Karate Aikido Othe	er, specify
How long did he/she practice	
Rank achieved	Dojo
How did you find out about Portsmouth Aikido	?
What interests your son/daughter about practici	ng Aikido?

What do you hope your son/daughter will gain from practicing Aikido?

Is there anything else you'd like us to know?

PORTSMOUTH AIKIDO

RELEASE OF LIABILITY

I, the undersigned applicant to Portsmouth Aikido, Portsmouth, NH (herein after called "The School"), understand and acknowledge that I am applying for instruction in Aikido, a martial art involving strenuous exercise and physical contact.

As a condition to, and in consideration of, the privilege of being admitted as a student at the classes and seminars of The School, of receiving instruction in Aikido, and of receiving the permission of The School to use its facilities, I hereby agree and promise to assume the risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or caused by third parties to me, arising out of participation in activities involving Aikido and/or The School, whether occurring on the premises of The School or at any other location.

I hereby release, indemnify, and forever discharge and hold harmless The School, its directors, teachers, employees, students, agents and servants from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of or in any way connected with any of the above-mentioned acts and activities.

I hereby agree and covenant for myself, and my successor and assigns, never to sue, either at law or in equity, The School, its directors, teachers, employees, students, agents or servants, on account of any such claim, demand, liability, damage, injury or loss.

IN WITNESS OF, I have set my hand and seal to this document which I intend to be a legally binding document, on and of this day and year, and understand it fully.

NAME OF STUDENT (please print):_____

PARENT/GUARDIAN NAME: DATE

SIGNATURE OF PARENT/GUARDIAN:

Photo Release Authorization:

_____ Initial here if you authorize Portsmouth Aikido to publish photographs and videos taken of the above signed minor child for use in Portsmouth Aikido's printed publications, website and online publications.