Portsmouth Aikido

Registration Form

(Please Print)	Date	
Name_		
Address_		
City/State/Zip		
Telephone	Date of Birth	
E-mail address		
Have you ever practiced a martial art before?		
Yes No		
If yes, please check which martial art:		
Judo Karate Aikido Otl	her, specify	
How long did you practice (have you been practicing)		
Rank achieved	Dojo	
Are you a member of the United States Aikido Federation? Yes No		
How did you find out about Portsmouth Aikido?		
If the internet, which site?		
What specifically draws you to Aikido?		
To Portsmouth Aikido?		
What do you hope to gain from practicing Ail	cido?	
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 abovementioned 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 (please print):		
SIGNATURE:	DATE	
SIGNATURE OF PARENT OR GUARDIAN (if applicable)		