

# Capital City Aikido

## Statement of Assumption of Risk, Informed Consent and Release of Liability

I, \_\_\_\_\_, the undersigned participant and in the event the undersigned is under eighteen (18) years of age, the undersigned's parent and/or guardian, have actual knowledge and conscious appreciation of the particular dangers involved in martial arts activities organized by Capital City Aikido. I hereby acknowledge that my participation may result in injuries from minor to severe, including those risks involved in travel by vehicle, all of which may result in serious permanent disability or death. These types of injury may result from my own actions, the actions or inactions of others or a combination of both.

I understand that the rules and regulations are designed for the safety and protection of participants and I hereby undertake to abide by these rules and regulations. I also understand that certain activities require a minimum level of fitness for safe participation. I warrant that the participant is in good health and has no physical condition that would prevent the participant from participating. I acknowledge that it is the participant's responsibility to secure appropriate personal medical insurance and no such coverage is provided or implied by Capital City Aikido. I do hereby hold harmless and release and forever discharge Capital City Aikido, instructors, guest instructors, sponsors, agents and assigns (hereinafter referred to as "released parties") from any and all liability. I further save and hold harmless the released parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation any programs offered or sponsored by Capital City Aikido.

I hereby declare and represent that in making, executing and tendering this statement of assumption of risk, informed consent and release of liability, I have read this statement, understand its contents and sign it of my own free will and choice.

In witness whereof, I have executed this document this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Participant (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address (print): \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_