

2020 Seminar with Mitsuo Tasaka Sensei

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|--|--|------------------------------|-----------|
| Participant Name (printed) _____ | | Date of Birth _____ | |
| Address _____ | | | |
| City _____ | | State _____ | Zip _____ |
| Phone _____ | | E-mail Address _____ | |
| Emergency Contact _____ | | Contact's Phone _____ | |
| Aikido Affiliation: _____ | | | |
| How did you learn of this year's Seminar? _____ | | | |
| Do you have any allergies, physical limitations, medications, or medical conditions of which the dojo should be aware with regard to your safety while training or the safety of others? | | | |
| <input type="checkbox"/> No | | <input type="checkbox"/> Yes | |

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| Seminar Fee Schedule | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | \$80.00 - Full Seminar for Students |
| <input type="checkbox"/> | \$120.00 - Full Seminar |
| <input type="checkbox"/> | \$40.00 - Friday Session |
| <input type="checkbox"/> | \$80.00 - Saturday Session |
| <input type="checkbox"/> | \$40.00 - Sunday Session |
| <input type="checkbox"/> | \$15.00 - Saturday Night Pizza Party |
| <input type="checkbox"/> | \$5.00 - T-Shirt Discount |
| \$ _____ Grand Total | |
| Payment Method | Amount |
| Cash _____ | \$ _____ |
| Check # _____ | \$ _____ |
| Credit # _____ | \$ _____ |

3 Consent and Assumption of Risk Statement

I make this agreement on behalf of myself or my child/ward, my heirs, successors, executors, estate, and dependents. By signing this form I am asserting that I am over the age of 18 and that I am a legal adult.

1. I agree that before using the facilities and equipment I will inspect the facilities and equipment I use, and if I believe anything is unsafe, I will immediately advise the instructor present and will refuse to participate further.
2. I agree that I know and understand and will follow all safety procedures in using equipment and training weapons at the facility. I agree that at no time will I bring metal weapons or other non-training weapons to the training facility area without the express written consent of Eastern Cultures Study Center, LLC. I agree that if there are any questions as to what proper safety procedures are, I will specifically ask the instructor(s) at the training area.
3. I have been advised not to attempt any skill level in training or any other activity of which I am not fully capable. I realize that the study of Aikido requires proper conditioning and training.
4. I fully understand that:
 - a. There are risks and dangers associated with Aikido training including but not limited to bodily injury, communicable diseases, partial or total disability, paralysis, and death.
 - b. That it is possible for a participant to be infected with communicable diseases which can be transmitted by the exchange of blood or other bodily fluids, and that I may be training with them. I acknowledge that I have read and will follow explicitly the Eastern Cultures Study Center, LLC. Bloodborne Pathogens and Infectious Disease Policy found within this document.
 - c. There is a potential for severe social and economic losses and damages which could result from the risks and dangers described above;
 - d. These risks and dangers may be caused by me, my training partner, others who are training or doing any other activity around me, instructors, or by the Eastern Cultures Study Center, LLC.
 - e. There may be other risks not known or foreseeable at this time which could arise.
5. I expressly and voluntarily assume all risks of death, illness, and/or injury sustained while participating in or observing Aikido training.
6. I release Eastern Cultures Study Center, LLC., its representatives, agents, employees, instructors, guest instructors and other participants, or owners or lessees of the premises (hereafter referred to as 'the released parties') from any and all liability, claims, demands, or actions whatsoever arising out of the damage, loss, injury, or death while on the premises, while participating in Aikido training, or any other activity occurring on the premises.
7. I agree that this Release, Consent and Assumption of Risk Statement covers each and every time that I train or participate in any activity, listed or unlisted, at the Eastern Cultures Study Center, LLC.
8. I accept and assume all such risk and responsibility for all losses and damages following any injury, illness, disability, paralysis, or death however caused or alleged to be caused including injuries caused in whole or in part by the Eastern Cultures Study Center, LLC., its representatives, agents, employees, instructors, or other participants, or owners or lessees of the premises.
9. I agree to indemnify and hold harmless the released parties from all claims, judgements, and costs including attorney fees incurred in connection with any action brought as a result of my participation at the facility.
10. I agree that I will not sue or make claim against the released parties as the result of my participation in Aikido training.
11. I understand that Aikido is an educational system. I agree to strictly abide by the training rules of the Eastern Cultures Study Center, LLC., and to follow explicitly all instructions given by the instructors during the course of my training. I agree to watch out for others in the training area and while training on the mat and to follow all rules written or verbally expressed.
12. In signing this agreement, I am stating that I know what I am doing, that I take responsibility for my own acts, that I have read carefully and understand this agreement and that I fully agree with each statement contained in this agreement and that I am responsible for myself and will be considerate of others. I am aware that I may have the agreement reviewed by legal counsel.
13. I understand that this Release, Consent and Assumption of Risk Statement is in effect from the moment I arrive until the moment I leave the facility where classes are held, even if I am not training when something happens.
14. I hereby give my consent to take and use photographs, videos, and/or digital images of me/my child for use in news releases and/or marketing materials. These materials might include printed or electronic publications, web sites, social media, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.
15. I agree to explicitly follow the Eastern Cultures Study Center, LLC. Bloodborne Pathogens and Infectious Disease Policy, a copy of which is available upon request and is posted in the dojo.
16. If any portion of this agreement shall be held to be invalid, illegal or unenforceable to any extent and for any reason by any Court of competent jurisdiction, the remainder of this agreement shall not be affected thereby and shall be enforceable to the full extent permitted by law.

Participant's Name Or Parent/Guardian (printed)

Participant's Signature Or Parent/Guardian

Date
