

UnEnKai Summer Seminar 2017

Name: _____ Dojo _____

Rank _____

Address _____

E-mail _____ Phone _____

Fees	\$170	Basic rate	Please make checks payable to BERKELEY AIKIKAI
	\$120	University student or overseas	
	\$100	Junior High/High School	

Release and Waiver

I understand the risks involved in the study and practice of the martial art of Aikido. I hereby indemnify, hold harmless, release and forever discharge Berkeley Aikikai, the premises on which these activities take place, its officers, agents and employees acting in either their individual capacities or by reason of their relationship to Berkeley Aikikai from all claims and demands whatsoever which I, my heirs, representatives, executors, administrators or assigns have or may have against Berkeley Aikikai, or its officers, agents, or employees by reason of any accident, injury, death or other consequence arising or resulting directly or indirectly from my participation in classes, demonstrations, or other activities conducted under the auspices of Berkeley Aikikai, and occurring during my participation or any time subsequent thereto.

I represent and covenant that at the time of signing this release, I am of sound physical and mental health.

I certify that I am of lawful age. I further certify that I am legally competent to execute this release and that prior to signing this release, I have fully informed myself of its content and, thus informed, do willingly execute it.

Signature: _____ Date _____

Emergency contact: _____ Phone: _____

Medical conditions (if any) _____