Aikido & Healing Arts Center of Roseville

Liability Waiver/Informed Consent Form

I, ______________________________, hereby agree and acknowledge the following:

1. I am participating in mind-body health and fitness activities offered at Aikido & Healing Arts Center of Roseville, during which I will receive instruction. I recognize that Martial Arts and other physical fitness activities offered at the Center require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I agree to assume all responsibility for any personal injury that may occur, and hereby authorize Aikido & Healing Arts Center of Roseville to act on my behalf if I am unable to do so, and to the best of their ability in an emergency situation.

3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the Classes, Programs, Workshops or Seminars.

4. I hereby affirm that I am physically capable of attending any of the classes or programs offered at Aikido & Healing Arts Center of Roseville and it is my responsibility to make the instructors aware of any physical conditions, disabilities or limitations which may affect or impair my ability to fully participate and engage in any of the class or program activities.

5. I fully understand that I may become injured as a result of my participation in any of the class or program activities offered at Aikido & Healing Arts Center of Roseville, and hereby release Aikido & Healing Arts Center of Roseville and its agents from liability now or in the future for physical conditions that I may obtain.

________________ ____

DATE SIGNATURE OF PARTICIPANT

If participant is under 18:

AS LEGAL GUARDIAN OF ____, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

________________ ____

DATE SIGNATURE OF PARENTS/GUARDIAN OF PARTICIPANT

PARTICIPANT'S CONTACT NUMBER: ____

PARTICIPANT'S E-MAIL ADDRESS: ____

EMERGENCY CONTACT NAME: ____

EMERGENCY CONTACT NUMBER: ____

DR. NAME AND PHONE NUMBER: ____