



HARVARD AIKIKAI
CLUB REGISTRATION

CLUB USE

Date of Registration: _____
Date of Dues Payment: _____

Harvard Aikikai 2009-2010 REGISTRATION FORM

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail Address: _____

If applicable, list previous Aikido Experience:

Dojo: _____ Rank: _____

Sensei: _____

Note: Club Dues are \$40 per semester. If you choose to continue practicing with the club beyond a trial period of 4 classes, please pay dues as appropriate. Cash or check is acceptable (please make checks payable to the "Harvard Aikikai").

Waiver of Liability

I, the undersigned, request the privilege of admission to the Harvard Aikikai, hereinafter called *the dojo*, for the 2009-2010 academic school year. I understand that Aikido is a martial art involving strenuous exercise and physical contact. I further understand that neither *the dojo* nor its officers offer any insurance or guarantees of any sort, or subscribe to any insurance against injuries to participants or damage to their property. In consideration of the privilege of being admitted to *the dojo*, of receiving the provided instruction, and of using the host organization's installations throughout the year, I hereby declare that I will personally assume all responsibility concerning injury that I may incur or that may be inflicted on me by others during Aikikai activities, be it on, off the premises, before, after, during, or between sessions. I hereby hold immune and release *the dojo, its directors, employees, agents, and representatives, and the instructors of the Aikikai* from all responsibility, accountability, and any reparations concerning personal injuries, lawsuits, damages, or losses of any nature whatsoever, in law or in equity, relative to the activities mentioned above. I hereby agree and engage, in my name and in the name of my heirs and beneficiaries, never to pursue, legally or in equity, *the dojo, its directors, employees, agents, or representatives, nor the students and instructors of the Aikikai* in relation to such injuries, lawsuits, damages, responsibilities, accountabilities, reparations, or losses. TO ATTEST TO THIS, I have signed this document and declare that I have read it and understand it.

Signature: _____ Date: _____

Signature: _____ Date: _____

Parent or Guardian if under 18 years old