

Enrollment Form #1

**CENTRAL PACIFIC AIKIDO ASSOCIATION
MILILANI AIKIDO CLUB**

c/o 94-305 Kaaei Place
Mililani, Hawaii 96789
Telephone: (808) 671-4963

Chief Instructor: Mr. Dennis Oka

**STUDENT'S AGREEMENT TO:
WAIVE, RELEASE, INDEMNIFY, AND HOLD HARMLESS**

Full Name (please print) _____

Address: _____

Phone: _____

Email: _____

I, _____, **AGREE** to comply with the rules and conditions set forth by the Central Pacific Aikido Association Mililani Aikido Club and its instructors.

I **KNOW** that Aikido training involves physical exertion and is a potentially hazardous activity.

I am aware of and **ASSUME ALL RISKS** associated with Aikido training, including, but not limited to, opening and closing of the training halls, warm-up and cool-down exercises, falls, kicks, and punches from sparring, weapons practice, high heat and humidity, and the conditions of the training areas.

I **FURTHER AGREE** that I will not take any action in participating in Aikido training which will be dangerous to myself or any other person.

In consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, **WAIVE AND RELEASE** from any and all claims for injuries and/or damages I may have against the Central Pacific Aikido Association Mililani Aikido Club, its instructors, agents, officers, and all members caused by the negligence of any of them arising out of participation in Aikido training. I **RELEASE, INDEMNIFY AND HOLD HARMLESS** Central Pacific Aikido Association Mililani Aikido Club, its instructors, agents, officers, and all members from any and all claims arising out of or connected with any injury I may sustain in participating in Aikido training.

I **CERTIFY** that I am physically fit and in sufficient physical and mental condition to participate safely in Aikido training.

I **FURTHER CERTIFY** that I am covered by medical insurance and I will continue to maintain such coverage for as long as I am participating in Aikido training.

THIS AGREEMENT shall be binding upon the undersigned's family, estate, heirs, personal representatives, and assigns and shall inure to the benefit of the successors and assigns of the Central Pacific Aikido Association Mililani Aikido Club and its instructors, agents, officers, and all members.

If I am under the age of eighteen (18), my parents or legal guardian, by signing below, hereby acknowledge and agree to all the terms and conditions set forth above.

THE UNDERSIGNED, BY HIS OR HER SIGNATURE BELOW, ATTESTS THAT HE OR SHE IS FULLY INFORMED OF THE CONTENTS OF THIS AGREEMENT AND SIGNS THIS AGREEMENT AS HIS OR HER FREE ACT AND DEED.

DATED: Honolulu, Hawaii, _____

Signature of Student

Signature of Parent or Guardian (if minor)