

### AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I, \_\_\_\_\_, acknowledge that I have voluntarily applied, or have voluntarily allowed my child \_\_\_\_\_ to apply, to participate in June 16 – 18, 2023 World MJER Iaido Federation iaido seminar in Alameda, CA.
2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN IAIDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND IN RARE INSTANCES, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_.
3. **Release.** As consideration for being permitted by Alameda Unified School District (AUSD) and World MJER Iaido Federation to participate in this seminar and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of Alameda Unified School District (AUSD), World MJER Iaido Federation, any of their instructors, employees, seminar organizers and volunteers on account of injury, damage, or death resulting from negligence or other acts however caused, by any instructors, employees, seminar organizers, and volunteers of AUSD and World MJER Iaido Federation as a result of my, or my child's, participation in this iaido seminar. I hereby release AUSD, World MJER Iaido Federation, all of their instructors, employees, seminar organizers, and volunteers from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage, or death resulting from my, or my child's, participation in iaido.
4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ALAMEDA UNIFIED SCHOOL DISTRICT, WORLD MJER IAIDO FEDERATION, AND ME, AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Signature of participant, or, if participant is  
a minor, signature of participant's parent  
or legal guardian.

Date \_\_\_\_\_

\_\_\_\_\_  
Print name

---

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: M F

Health concerns? No Yes \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
(Required)                      Name                      Phone #                      Relationship