

## San Francisco Kendo & Iaido Dojo

## AGREEMENT AND RELEASE FROM LIABILITY

1.	Voluntary Participation. I,, acknowledge that I		
have v	voluntarily applied, and/or have voluntarily allowed my child		
to app	ely, to participate in kendo and iaido instruction and training at a dojo or club which is		
affilia	ted with the All United States Kendo Federation (hereinafter, any and all affiliated dojos or		
clubs	are referred to as "AUSKF", including the San Francisco Kendo and Iaido Dojo).		
2.	Assumption of Risk. I AM AWARE THAT PARTICIPATION IN KENDO AND/OR		
IAIDO	O, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY,		
DAM	AGE TO PROPERTY, AND, IN RARE INSTANCES, EVEN DEATH. I AM		
VOLU	UNTARILY PARTICIPATING, AND/OR ALLOWING MY CHILD TO PARTICIPATE, IN		
THIS	ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO		
ACCI	EPT 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 AUSKF to participate in these activities		
and us	se related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal		
repres	sentatives will not make a claim against, sue, or attack the property of AUSKF on account of		
injury	, damage, or death resulting from the negligence or other acts, however caused, by any		
emplo	eyee, agent, or contractor of AUSKF as a result of my, and/or my child's, participation in		
kendo	and iaido. I hereby release AUSKF from all actions, claims, or demands that I, my		
assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have			
for in	jury, damage or death resulting from my, or my child's, participation in kendo and iaido.		



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4.	Knowing and Volunta	ary Execution. I HAVE CAREFULLY READ THIS RELEASE
AND	FULLY UNDERSTANI	O ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASI
OF LI	ABILITY AND A CON	TRACT BETWEEN AUSKF AND ME AND SIGN IT OF MY
OWN	FREE WILL.	
	Executed on	[date] at San Francisco, California.
		Signature of participant or, if participant is a minor, signature of participant's parent or guardian
		Print name
		DECLARATION OF WITNESS
	I certify that	[above participant/parent of
partic	ipant] acknowledged my	presence that he/she read and fully understood the meaning and
conse	quences of the foregoing	release, and signed it in my presence.
	Executed on	[date] at at San Francisco, California.
		Signature of witness
		Print name