

合気道光氣会 AIKIDO KOKIKAI AUSTRALIA

PO Box 223, Kingsford NSW 2032

H: (02) 9341 2268 M: 0403 769685

Name:.....

Rank.....Kyu/ Dan

Address.....

Occupation.....

.....

Emergency Contact Details

DOB/...../.....

Name.....

Post Code.....

Tel.....

Home Tel.....

Payment:

Work Tel.....

Amount:..... Date.....

Mob.....

Received By.....

E-mail.....

Terms and Conditions of National Kokikai Membership

Aikido is a martial art, and by its nature involves an element of danger and unpredictability. Permanent and serious injury could possibly result from practising aikido, including injury resulting in death.

- **I, (the individual named above and undersigned) recognise and agree**(a) that the practice of aikido could cause serious and permanent injury to myself or another person, including but not limited to, injury to the joints of the wrists, elbows, shoulders and neck which may result in restriction of movement or partial or permanent paralysis, quadriplegia or even injury resulting in death.
- (b) to carefully follow the training instructions and dojo rules for etiquette and safety at all times during my practice of aikido.
- (c) that I am not required to perform any techniques or practise in any situation which I consider to be unsafe, in which case I agree to notify the instructor immediately of my concerns
- (d) that where I have an illness, condition, disability or injury (listed below) that could place me or another person at risk in any manner whatsoever during training, I will complete the details on the back of this application and verbally notify the instructor prior to training. I agree to assume the risk of my illness(s), disability(s), injury(s) or condition(s) being aggravated during aikido training.
- (e) to hold Aikido Kokikai Australia and their instructors, members and agents, free from any and all liability, claim or demand, whether tortious or contractual, no matter how it is caused, and I will indemnify them for any loss of property or compensation for injury to myself or any person as a result of my practice of aikido.
- (f) to stop training or leave the dojo if requested to do so by the instructor.

Signature of Applicant: _____ **Date:** _____

Parent/Guardian Signature: _____

(where Applicant is under 18 years of age)

For item (d) explain in detail the history and current state of your illness, injury, or disability.

Nature of Illness/ Injury/ Disability:

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