

Martial Arts Youth Activity Waiver

I acknowledge that aikido practice is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to: actions of other people including, but not limited to, participants, volunteers, spectators, and teachers; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks for my child participating in events, activities, or classes at Tacoma Aikikai.

I certify that my child is physically fit, has sufficiently trained for participation in events, activities, or classes at Tacoma Aikikai, and I have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by TACOMA AIKIKAI LLC and CELESTE WAY LLC, and it will govern my and my child's actions and responsibilities while engaging in martial arts activities at Tacoma Aikikai or a Tacoma Aikikai-sponsored event.

In consideration of my application and permitting me to participate in aikido training or other Tacoma Aikikai activities, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: AIKIDO TACOMA AIKIKAI, TACOMA AIKIKAI LLC, CELESTE WAY LLC, BIRANKAI NORTH AMERICA, and their directors, officers, employees, volunteers, representatives and agents, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.

I hereby consent for my child to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during events, activities, or classes at Tacoma Aikikai.

Photo Release (please initial below)

I understand that during this activity, I may be photographed.

- I _____ **agree** to allow my child's photo, video, or film likeness to be used for any legitimate purpose by Tacoma Aikikai, sponsors, organizers, and/or assigns.
- I _____ **do not agree** to allow my child's photo, video, or film likeness to be used.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

I hereby certify that I have read this document and I understand its content.

Printed Name of Student (minor): _____

Signature (**parent/guardian**): _____ Date: _____

Printed Name Parent/Guardian: _____