

# Registration for Aikido Practice on the island of Molokai in Hawaii

Name: \_\_\_\_\_ Year and Month of Birth: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Name of Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact/Parent or Guardian's Name (Under 18 only) Phone #1: \_\_\_\_\_  
Phone #2: \_\_\_\_\_

Physical limitations, special medical conditions, and etc.:

Martial Art Experience

## Release and Waiver of Liability, Assumption of Risk, and Indemnity

TO: Hiroo Takeuchi, Aikido Instructor (the "Sponsor") at 50 Kepuhi Place, Apt 234, Maunaloa, HI 96770

RE: Aikido Practice on Molokai Island of Hawaii (the "Activity")

As a participant or the legal guardian of a participant, I, the undersigned, on behalf of myself and my heirs, executors, administrators and assigns, hereby:

1. Understand that participation in any martial art including Aikido requires intense physical movement and contact and involves the risk of serious injuries and even death.
2. Release and forever discharge the Sponsor and its guest instructors, assistants, affiliates, agents, representatives, successors, assigns, and if applicable, owners and lessors of premises on which the Activity takes place (collectively the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to myself or my child/children/ward(s) howsoever caused, arising or to arise by reason of or during my participation or the participation of my child/children/ward(s), and notwithstanding that any Claims may have been contributed to or occasioned by the negligence of any of the Releasees.
3. Indemnify and save harmless the Releasees from and against any and all liability incurred by any or all of them arising as a result of or in any way connected to my participation or the participation of my child/children/ward(s) in the Activity.
4. Understand and acknowledge that the Sponsor does not carry or maintain health, medical or disability insurance coverage for the undersigned and therefore agree to assume responsibility for such insurance coverage on the undersigned.
5. Agree that in the event that any provision of this Release and Indemnity is held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Release and Indemnity which shall continue to be enforceable.

I hereby acknowledge reading, understanding and agreeing with the forgoing.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant, only if age 18 or over

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

\_\_\_\_\_  
Printed Name of parent or guardian

\_\_\_\_\_  
Co-signature of parent or guardian if  
the participant is under 18 years of age.

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