

Aikido of Madison

CONTACT INFORMATION

FOR CLASSES AT AIKIDO OF MADISON, LLC

MINOR

STUDENT'S NAME	DOB	/	/	20
PREFERRED PRONOUN(S)	AGE			

ADDRESS

CITY	STATE	ZIP
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PARENT/GUARDIAN NAME

ADDRESS (if different from above)

CITY	STATE	ZIP
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email: *email is for AoM notifications only*

PHONE:

EMERGENCY CONTACT INFORMATION:

NAME

ADDRESS

CITY	STATE	ZIP
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PHONE NO.:	RELATIONSHIP:
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SIGNATURE of PARENT or GUARDIAN:	DATE:
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PERMISSION TO USE IMAGES FOR PROMOTIONAL PURPOSES | SELECT ONE

Occasionally, photos and/or video footage of classes/seminars will be taken to share on social media (website, Facebook, Instagram, YouTube, etc.) to promote the dojo and the practice of Aikido. Select here to give Aikido of Madison permission to include your image in any promotional materials:

I accept
 I do not accept

PLEASE LIST ANY MEDICAL CONDITIONS THAT WE SHOULD KNOW ABOUT:	PLEASE LIST ANY LEARNING CHALLENGES THAT WE SHOULD KNOW ABOUT:
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use back of this form if necessary

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK for AIKIDO of MADISON, LLC

READ THE FOLLOWING CAREFULLY

I understand that in the practice of martial arts there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints, broken bones, transmission of infectious diseases and death.

In accordance with the law, this dojo does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of the other students in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to others, or myself, and I acknowledge that it is my responsibility to act accordingly.

I understand that I may be training with someone who may be infected with diseases that can be transmitted by exchanges of blood or other bodily fluids such as HIV/AIDS or hepatitis. I acknowledge that I have read and will follow the dojo's hygiene and clean-up procedures for dealing with injuries to myself and others that present opportunities for exposure to blood or body fluids.

I also understand that I may be exposed to individuals in the dojo that may have an infectious disease that may be spread by airborne transmission, respiratory droplets or person-to-person contact. These infectious diseases include but are not limited to the common cold, norovirus, flu virus and other respiratory diseases such as COVID-19 (SARS-CoV-2).

The dojo's policy on hygiene for avoiding the transmission of infectious diseases include not working out if I have a sore throat or cough, and/or sneezing or runny nose not associated with allergies. I will also not train if I have a fever greater than 100.4 degrees or other symptoms including chills, sweats, difficulty breathing, new or worsening cough, whole body aches, vomiting or diarrhea.

In order to engage in contact classes, I agree to provide proof of completed vaccination for COVID-19. I will provide proof of COVID-19 vaccination from a qualified source.

I also agree to all hygiene and safety protocols as established by Aikido of Madison. This may include mask wearing, not permitting use of dressing rooms or additional measures recommended by the Public Health Department. I will also abide by the decision of any class instructor to temporarily prohibit my training if I exhibit symptoms of an infectious disease.

As a condition to participating in martial arts classes and seminars at Aikido of Madison, I assume the risk of all injuries including the transmission of infectious diseases and hereby hold Aikido of Madison, their instructors, agents, officers, as well as the owner of the premises, and the Aikido Schools of Ueshiba, Inc. (ASU) harmless from any and all liability (including attorney's fees and costs) for (1) all claims, actions or damages due to injuries including infectious diseases suffered by me or caused by third parties to me arising out of activities involving Aikido, any other martial arts or physical activities occurring on the premises of Aikido of Madison, 2219 Atwood Avenue, Madison, WI, and/or (2) loss or damage to personal property brought into or left on the premises.

I understand that Aikido is an educational system. For the safety of others, and myself I will practice in a considerate and conscientious manner and strictly follow all rules of the dojo. Should I break any of these rules, I understand that it is the decision of the head instructor whether or not I may continue training. I will abide by their decision.

BY SIGNING THIS DOCUMENTS I ALSO ACKNOWLEDGE I HAVE READ AND WILL ABIDE BY THE POLICIES ESTABLISHED BY AIKIDO OF MADISON ON HYGEINE, BLOOD BORN AND/ OR INFECTIOUS DISESES SUCH AS FLU, COLDS, NOROVIRUS AND COVID-19.

I HAVE READ THIS ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

PARENT/GUARDIAN SIGNATURE:

DATE: / /