

Release and Indemnity Agreement

This agreement will affect your legal rights and liabilities

Please read carefully before signing

I am aware that Empowered Today Inc. teach Aikido, that Aikido is a martial art and that the practise of Aikido involves an element of risk and unpredictability and therefore permanent and serious injury could possibly result from the participation in Aikido training.

I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss resulting from such risks, dangers and hazards.

I hereby agree as follows:

- TO ASSUME AND ACCEPT ALL RISKS, DANGERS AND HAZARDS in connection with the practice of Aikido.
- TO ADHERE TO THE CODE OF CONDUCT and to carefully follow the training instructions, rules for etiquette and safety at all times during my practise of Aikido.
- TO WAIVE ANY AND ALL CLAIMS that I may have against Empowered Today Inc., their heirs, directors, officers, employees, agents and representatives.
- TO RELEASE Empowered Today Inc. from any and all liability for any loss, damage, injury or expense that I, or my next of kin, may suffer or incur as a result of my actions due to any cause whatsoever.
- I ACCEPT THAT I AM RESPONSIBLE FOR MY PHYSICAL/EMOTIONAL WELFARE and 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(s) immediately of my concerns.
- I DECLARE THAT I have not been advised by a physician or mental health practitioner not to participate in any training of this nature.

I further represent that I am able to participate in and undertake physical exercise and I am not aware of having any physical, mental, emotional, medical, or health disability or conditions which could be aggravated or worsened by participation in Aikido training. I understand that it is my responsibility to inform instructors of any permanent or temporary injuries or illness (including mental/emotional) that might affect my ability to participate in the training.

I have read and understood his Release and Indemnity Agreement prior to signing it and am aware that by signing this document, I am affecting my legal rights and liabilities.

Name: _____

Email: _____

Phone: _____

Signature: _____

Date: _____

Any Medical Conditions that could affect your ability to participate in training in Aikido

(please inform instructor verbally before you start training)

Emergency Contact

Name: _____

Phone: _____