

# AIKIDO AUSTRALIA

## ENROLMENT APPLICATION FORM - PARTICIPATION AGREEMENT - WAIVER AND INDEMNITY

ADULT

CHILD

BEGINNER

### PERSONAL DETAILS

Last Name: \_\_\_\_\_ Given Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Current grade: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

### HEALTH DECLARATION

1. Are you prescribed drugs which may impair reaction time or judgement?

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

2. Have you suffered any incapacity requiring medical attention in the past 12 months?

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

3. Have you any physical impairments, injuries or medical conditions that currently affect you:

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

4. Are you aware of any health problem that you have that, in the interests of your safety and that of other members, that the Association should be advised of?

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

### MARTIAL ARTS HISTORY

5. Have you studied martial arts before (circle one) YES/NO If yes, state particulars of:

Style: \_\_\_\_\_ Grade Achieved: \_\_\_\_\_

Years studied: \_\_\_\_\_ Name of your instructor: \_\_\_\_\_

6. Have you ever been excluded from practising Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club?

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

## RISK WARNING

### FOR THE PURPOSES OF THE CIVIL LIABILITY ACT 2002 (NSW)

The practice of Aikido, like any combative art designed to maim and injure, has an element of danger and unpredictability and thereby involves the possibility of serious and permanent injury to you 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, paraplegia, quadriplegia or even injury resulting in death.

## INDEMNITY

In consideration of the right to participate in Aikido practice with the Takemusu Aikido Association Inc, and mindful of the Risk Warning I have been given, I acknowledge and agree to assume all of the risks inherent in such practice and to hold the organisations and people involved; the Takemusu Aiki Association Inc, Aikido Australia Pty Ltd, APlus Pty Limited and their instructors, servants and agents (collectively 'the Providers'), free from any and all liability, claim or demand for any injury, loss or damage (including, but not limited to my person, property and personal belongings) howsoever caused, whether by or through their negligence. And to indemnify the Providers from any claim, liability or demand for loss of property or compensation for injury that I may make, arising from my participation or in connection with the provision of instruction or related services, or in any way caused by, or arising out of the activities carried on by the Providers.

## MEDICAL WAIVER

I have the following illness, disability or injuries that could place me at risk during the training:

\_\_\_\_\_

\_\_\_\_\_

**Notwithstanding** this, I agree to assume the risk of such injury/injuries being aggravated and to indemnify, the Takemusu Aiki Association Inc, Aikido Australia Pty Ltd and APlus Pty Limited, and their instructors, servants and agents for any claim for liability with respect to this, or any other loss or injury/injuries I may sustain, no matter how caused.

**I agree** to carefully follow the training instructions and dojo rules for etiquette and safety at all times during my practise of Aikido. I recognise that I am not required to perform any techniques or participate in any practice that I consider to be unsafe, in which case I agree to notify the instructor immediately of my concerns.

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

**GUARDIAN'S CONSENT** (persons under 18 years) I hereby certify and declare that all the information contained in the declarations above is true and accurate and that I consent to the Applicant receiving instruction in and training, practicing and participating in the martial arts or insert name of discipline.

Signature: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_