

Raleigh Ki Aikido

www.raleighkiaikido.com

RELEASE OF LIABILITY

Name (print): _____

Address: _____
Street City State Zip

Home Telephone: _____ Work Cell number: _____

E-mail Address: _____

Date of Birth: _____

In consideration for my being permitted to practice Ki Aikido and Ki-Development, I do hereby agree to waive and release from any and all liability and to hold harmless Raleigh Ki Aikido, its agents, operators, and instructors, and other students from any and all claims, demands, costs, charges, and expense from any harm, injury, damage, or loss which may occur or result from my participation, study, and practice of Ki Aikido and/or Ki Development.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND AGREE TO ITS CONDITIONS.

DATE: _____ SIGNATURE: _____

If participant is under 18 years of age:

I HAVE READ THE ABOVE WAIVER AND RELEASE AND AS THE (father, mother, or guardian) OF (name of participant) _____, I AGREE TO ITS CONDITIONS WHICH WILL BE UNDERSTOOD TO APPLY TO THE PARTICIPANT, MYSELF AND OUR HEIRS, EXECUTORS, AND ADMINISTRATORS.

Full name of Parent or Guardian: _____

DATE: _____ SIGNATURE: _____