

Informed Consent, Liability Waiver and Medical Disclosure (cont.)

Name of Program Participant _____

Date of Birth _____ / _____ / _____

Please list any and all physical conditions that program staff should know about and which may affect or be affected by participation in this program.

Print clearly!

Current medical problems or conditions?

Medications taken regularly?

Allergies, (including allergies to medications)?

Limitations on physical activities?

Wear contact lenses? YES NO

Wear Glasses? YES NO

_____/_____/_____
Name of Participant **Print clearly!** Signature MO DAY
YEAR

To be completed by Parent or Guardian of participants who are not 18 years of age or older:

I certify that I am the parent or guardian of the above named participant in the Aikido of Moscow, LLLP, program, that I have read and understand the above agreement, attest to the completeness of the information provided, assent to its terms and conditions and acknowledge that my dependent and I have agreed to its terms and conditions and to receive medical treatment as indicated, if necessary. I further agree to hold harmless Aikido of Moscow, LLLP, and its facility providers, as specified in this *Informed Consent, Liability Waiver and Medical Disclosure* form.

_____/_____/_____
Name of Parent or Guardian Signature MO DAY YEAR

Informed Consent, Liability Waiver and Medical Disclosure

For participation in training activities with

AIKIDO of Moscow, LLLP

I understand the potential dangers and risks of participating in the AIKIDO of Moscow, LLLP, program, including but not limited to, death or serious injuries which may result in complete or partial impairment of my body, general health and well being. In consideration of AIKIDO of Moscow, LLLP, permitting me to associate myself with the program, I hereby voluntarily assume all risks associated with participation and agree to discharge and release **Aikido of Moscow, LLLP** and their facility providers, their agents, and employees, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to **Aikido of Moscow, LLLP**. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

Print clearly!

I, _____ attest that I am in good health. I further acknowledge that it is my responsibility to convey, *in the included health statement*, any and all medical conditions that have bearing on my safe training and the safety of other participants.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated the program.

I understand that it is my obligation to have a health and accident insurance policy in effect while participating in this program or to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident while participating in the program.

I agree to comply with all rules and conditions of participating in the Aikido of Moscow, LLLP, program.

_____/_____/_____
Name of Participant Signature MO DAY YEAR

Street Address: _____ Print clearly!

Apt: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____ EMAIL: _____

How did you find out about Aikido of Moscow: Website, Other: _____

Emergency Contacts:

Print clearly!

Name 1: _____ Name 2: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

both sides of this form must be completed