BUCKS COUNTY AIKIDO

Sesshin/Weapons Application and Release Agreement for Training on: _____(write in seminar dates)

To reserve your spot, please send deposit of $50 (or full payment of $150) by October 10, to Bucks County Aikido, 802 New Galena Road, Doylestown, PA 18901.

NAME (First, Middle, Last)	HOME PHONE	DATE OF BIRTH	AGE
STREET ADDRESS	WORK PHONE	OCCUPATION	
CITY, STATE, ZIP CODE		EMAIL	
PERSON TO CONTACT IN CASE OF EMERGENCY	PHONE	RELATIONSHIP	

PREVIOUS WEAPONS EXPERIENCE (including mos./yrs. of training; place(s) of training)

PREVIOUS ZEN EXPERIENCE (including mos./yrs. of training; place(s) of training)

I, the undersigned applicant and cosigners (if any), do hereby agree to release and hold forever harmless the instructors, students, and all other participants of these martial arts and intensive zen training classes from any and all claims, damages or liability of any sort, which I or co-signors (if any) may have or ever have in the future because of any injury or other damage I may receive as a result of my being a student, participant or spectator, in the practice of weapons, zen or other related activities during the seminar at Bucks County Aikido on the seminar dates listed above.

I recognize that the practice of weapons and zen are potentially hazardous activities involving strenuous physical exercise, body contact and potential physical injury, including death. I acknowledge that I have been advised by the instructors of the risks of injury and danger incident to the instruction of weapons and zen. I represent that I am physically fit and able to commence instruction and have no disability or illness which could be detrimental to myself or others while engaging in the practice of weapons and zen training. I and co-signors (if any) hereby voluntarily and knowingly agree to assume the results and consequences of those risks and hereby indemnify, hold harmless, release and forever discharge Bucks County Aikido, and its principals and employees, from all claims related to those risks.

I represent and certify that I am over 18 years of age, or if I am under the age of 18 years, I represent and certify that I have the permission of my parents and/or guardians to participate in the stated activities, and that they have full knowledge thereof.

I, _____, hereby apply for instruction at Bucks County Aikido during the seminar dates listed above, and agree to the following terms and conditions:

1. I understand that the instructor or anyone authorized to act in the instructor's stead, has the right to terminate my participation for any infraction of safety rules, willful disobedience of disrespect shown to any instructor or for any conduct which is deemed detrimental to or inconsistent with the practice of weapons and zen training;
2. I understand and agree that if I am suffering from any injury or experience pain or discomfort during the course of any instruction, training or exercise, that it is my responsibility to cease that activity and bring that circumstance to the attention of the instructor immediately;
3. I and my cosigner (if any) have read and understand the foregoing assumption of risk and injury waiver and intend to be legally bound thereby.

APPLICANT:_____ DATE:_____

CO-SIGNOR:_____ DATE:_____
(if applicant is under 18 years of age)