

FORM #4: RISK ACKNOWLEDGMENT, CONSENT, and RELEASE

Full Name (print)_____

I wish to participate in the Aikido training and other activities presented by the Shioda International Aikido Federation (SIAF) for the Gozo Shioda 100th Anniversary seminar beginning September 7, 2015 and continuing through September 18, 2015. I understand that Aikido involves physical contact and that, despite all safety precautions, there is a risk that I could be injured in a minor or major way, or fatally. I also acknowledge that, if I have a health condition that could increase such risk, I have consulted a health professional regarding any limitations on my physical activity and I will follow the advice I have received.

I am aware of the nature of Aikido training and the risks involved, and I knowingly and voluntarily consent to participate with full awareness of those risks. I also agree that I will decline to participate in any activity that is beyond my ability to perform or that might increase the risks described above.

As a condition of being permitted to participate in the seminar training and other SIAF sponsored activities, I assume all risks, and, for myself, my heirs, next of kin, trustee, and personal representative, I release, discharge, and agree to indemnify and hold harmless the SIAF, its instructors, staff, and representatives from any and all claims, demands, actions, lawsuits, and damages for injury or death resulting from active or passive negligence occurring during the seminar or other SIAF sponsored activities. Further, if my minor child, named below, participates in the seminar or other activities, I make and sign this release on behalf of said minor, and I consent to the minor's participation.

Date:_____ Signature:_____

Name of Minor (if any)_____ Age_____