



Aikido de la Montagne

3724 avenue du Parc, Montréal (Québec) H2X 2J1, (514) 845-2729

Application form

(Please print)

Name _____

Address _____

Postal Code _____ Phone _____

Date of birth _____ Height _____ Weight _____

Occupation _____

Employer _____ Phone _____

Medical history _____

Have you had previous training? _____ rank _____

Previous dojo? _____

Sensei _____ Dan _____

Waiver

I, the undersigned, request the privilege of being admitted as a member of the Association Aikido de la Montagne, hereinafter called *the School*. I understand that Aikido is a martial art involving strenuous exercise and body contact as well as weapons manipulation. I further understand that *the School* carries no insurance nor provides any guarantees of any sort against injuries to any of its students. In consideration of the privilege of being admitted as a student in *the School*, of receiving the provided instruction and of using *the School's* facilities, I hereby declare that I will personally assume all responsibility concerning any injury that I may incur or that may be inflicted on me by others while participating in *the School's* activities, be it classes, demonstrations or practices, on or of the premises, before, after, during or between sessions. I hereby hold immune and release *the School*, its directors, employees, students, agents and servants from all responsibility, accountability and any reparations concerning personal injuries, lawsuits, damages or losses of any nature whatsoever, in law or in equity, relative to the activities mentioned above. I hereby agree and engage, in my name and in the name of my heirs and beneficiaries, never to pursue, legally or in equity, *the School*, its directors, employees, students, agents and servants, in relation to such injuries, lawsuit, damages, responsibilities, accountabilities, reparations or losses. TO ATTEST TO THIS, I have signed this document and declare that I have read it and understand it fully.

Signature _____ Date _____

Signature of parent or guardian: _____

(if the applicant is under 18 years of age)