



# *AIKIDO EIBUKAN DOJO*

## Application for Membership

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Home

Work

Are you presently in good health? \_\_\_\_\_. If not, please explain

Do you have any health problems, which might interfere with your Aikido training? \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you have any previous martial arts experience? \_\_\_\_\_

Years of study and/or rank: \_\_\_\_\_

Person to notify in case of illness or injury:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_

Home

Work

**I HAVE READ THE ATTACHED RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS WITH THE UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent/Guardian