## Aikido Association Atlanta

2880 Holcomb Bridge Road, Suite 146 Alpharetta, Georgia 30022 770-649-8383

## WAIVER / RELEASE FORM

## RELEASE OF LIABILITY AND INDEMNITY AGREEMENT and CONSENT TO USE OF PHOTOGRAPHS AND VIDEO

In consideration of being given the opportunity to participate in Aikido and other martial arts activities offered by Aikido Association Atlanta and for other good and valuable consideration received, it is hereby agreed as follows:

I understand that I (or the minor child for whom I have legal responsibility) am seeking instruction in martial arts activities involving strenuous exercise, personal bodily contact, and the use of weapons. As a result thereof, I acknowledge that there is inherent risk of injury in martial arts practice that cannot be eliminated completely. I understand that the risk of serious bodily injury inherent in Aikido and other martial arts practices includes permanent disability, paralysis and death. I further understand that due to the strenuous nature of martial arts practice, it is necessary that I be in proper physical condition to participate in such activities. Therefore, I represent to Aikido Association Atlanta that I am in proper physical condition sufficient to participate safely in martial arts practice and that I have consulted with my physician concerning my participation in such practice.

I further understand that the risks and dangers of martial arts practice may be a result of my own actions or omissions, the actions or omissions of others participating in the activity, the condition of the training facility in which the activity takes place, or the negligence of the releasees named herein. I accept and assume all such risks and all responsibilities for losses, costs, personal injury and damage or loss of any kind or description resulting from any negligent act or omission by any instructor, officer, director, student or member of Aikido Association Atlanta (hereinafter collectively called "Members") or by any owner or lessor of the premises at which the martial arts activities take place (hereinafter collectively called "Owner/Lessors") and expressly release all such Members and Owners/Lessors form any liability arising from any negligent act or omission causing my damage or injury.

The undersigned further agrees to indemnify and hold harmless the Aikido Association Atlanta, and each of its Members, and the Owners/Lessors, from any and all claims made or instituted against it or them which may arise out of my participation in martial arts practice. By and through this release, if I (or anyone on behalf the minor child for whom I have legal responsibility) makes a claim against the releasees described above, I will indemnify, save and hold harmless each of the releasees from any judgment rendered against such releasee, and from any litigation expenses, including attorney's fees, that may be incurred in defending against any such claim.

I have been advised that Aikido Association Atlanta may take photographs and video of martial arts training and related activities. On behalf of myself (and the minor child for whom I have legal responsibility), I expressly authorize Aikido Association Atlanta to use my photograph, video, and likeness for all purposes it deems appropriate, including, but not limited to, marketing and promotional purposes.

I certify that I have read and understand this agreement in its entirety. I understand that this document constitutes a complete and unconditional release of all liability to the greatest extent allowed by law and agree if any portion of this agreement is found to be invalid, the balance, not withstanding, shall continue in full force and effect. This agreement shall be governed by Georgia law.

| Martial Art: Aikido Iaido                    |        |                      |  |               |
|--|--------|----------------------|--|---------------|
| Γhis, 20                                     |        |                      |  |               |
| Print Name of Participant                    |        | Signa                | Signature of Participant/Parent/Legal Guardian |               |
| Signature of Witness                         |        |                      |  |               |
| Address:                                     |        | City:                |  | Zip Code:     |
| Phone:                                       | Email: |                      |  |               |
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