CONSENT and ASSUMPTION of RISK STATEMENT

Aikido Kenkyukai Santa Barbara Fall Gasshuku
November 6 - 8, 2009

Please read the following carefully, initial each item, and sign (participant and witness) and date below:

Initials 1. I acknowledge that Aikido Kenkyukai Santa Barbara and Aikido Kenkyukai International carry no insurance for liability for injury to any of its students or participants in the AKI Santa Barbara Fall Gasshuku (hereinafter referred to as "Seminar"). I agree that before using the training facilities at the Santa Barbara dojo of Aikido Kenkyukai International, I will inspect the facilities provided and all training equipment that I use, and if I believe that anything is unsafe I will advise the appropriate personnel and will refuse to participate in training any further.

Initials 2. I acknowledge that I have been advised not to attempt any skill level in training of which I am not fully capable. I further acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I understand that there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints, and broken bones.

Initials 3. As a condition to being admitted as a participant in the Seminar, I assume the risk of all injuries and do hereby hold Aikido Kenkyukai Santa Barbara, Ms. Lia Suzuki, Aikido Kenkyukai International, and their employees, agents, and representatives harmless from any and all liability due to injuries suffered by me or caused by third parties to me arising out of the activities involving Aikido, or any variation thereof, whether occurring on the premises of the Aikido Kenkyukai Santa Barbara dojo or elsewhere while participating in the Seminar.

Initials 4. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OF DEATH, ILLNESS, OR INJURY SUSTAINED WHILE PARTICIPATING IN OR OBSERVING THE SEMINAR, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES DESCRIBED IN SECTION 3 above.

Initials 5. I agree that I WILL NOT SUE OR MAKE A CLAIM AGAINST the released parties described in this agreement as the result of my participation in the Seminar or any other location where training takes place.

Initials 6. I agree to INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES described in this agreement from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action brought as a result of my participation in any activity at the Seminar.

Initials 7. I accept and assume all such risk and responsibility for losses and damages following any such injury, illness, disability, paralysis, or death, however caused or alleged to be caused, including injuries caused in whole or in part by the negligence of Aikido Kenkyukai Santa Barbara and Aikido Kenkyukai International, their representatives, agents, employees, instructors, or other participants, or owners or lessees of the training premises, including their officers, directors, agents, and employees.

Initials 8. Aikido Kenkyukai Santa Barbara does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of other students in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to myself or others, and I acknowledge that it is my responsibility to act accordingly.

Initials 9. In particular, I understand that some students may be infected with diseases like HIV/AIDS and hepatitis that can be transmitted by exchanges of blood or other bodily fluids, and that I may be training with them. I understand that it is my responsibility to read and follow Aikido Kenkyukai Santa Barbara's posted procedures for dealing with injuries to myself and others that could present opportunities for exposure to blood or other bodily fluids.

Initials 10. I understand that Aikido is an educational system. For the safety of myself and other participants, I will practice in a considerate and conscientious manner and strictly follow all rules of Aikido Kenkyukai Santa Barbara dojo. Should I break any of these rules, I understand that it is the decision of the head instructor whether or not I may continue training. I will abide by that decision.

Initials 11. I hereby do declare myself to be physically sound, having medical approval to participate in the activities of Aikido Kenkyukai Santa Barbara, Aikido Kenkyukai International, and the Seminar.

Initials 12. In signing this agreement I am stating that I know what I am doing, that I take responsibility for my own acts, that I have read carefully and understand this agreement and that I fully agree with each statement contained herein. I am aware that I may have this agreement reviewed by legal counsel.

I make this agreement on behalf of myself, my heirs, successors, executors, estate, and dependents. By signing this form, I am asserting that I am _____ years of age, and that I am an adult.

_____ _____ _____
Participant's name (Printed) *Participant's Signature* *Date*

_____
Address of Participant

_____ _____ _____
Witness's Name (Printed) *Witness's Signature* *Date*