



## Waiver and Release

I \_\_\_\_\_, wish to participate in Aikido training offered by the Eastern Ki Federation. In consideration: I acknowledge Aikido is a martial art and contact physical activity involving throwing and/or restraining techniques practiced through application of force and/or leverage to various parts of the body, including, but not limited to, the joints. Practicing these techniques involves falling or rolling with varying degrees of force or momentum. I acknowledge that, while every effort will be made to provide a safe training environment, and while risk of serious injury is minimal, there nonetheless remains a possibility of serious physical injury, long or short term disability resulting from such training or practice. Notwithstanding, I choose to participate and assume all risks to person or property possibly associated with the stated and associated activities.

Specifically, for myself, my heirs, administrators, personal representatives or assigns, I release, remise and discharge the Eastern Ki Federation, South Carolina Ki-Aikido, Furman University, and Shinshin Toitsu Aikidokai, its instructors (individually or in association with other instructors or groups) and any and all sponsors, facilitators, or owners of premises, activities, or equipment, their respective agents, servants, officers and officials, and all other participants in the activity of and from all claims, demands, actions and causes of action of any sort, for injuries to my person or property during my presence at, or participation in, the stated activities due to negligence or any other fault.

I understand neither the Eastern Ki Federation, South Carolina Ki-Aikido, Furman University, or Shinshin Toitsu Aikidokai nor any of their associates are liable for the action or actions of any individual participant or spectator.

I am eighteen (18) years of age or, if under age 18, have the permission of my parent or guardian to participate in this activity and certify that they have full knowledge of all details.

I further agree to acquaint myself with all dojo policies and procedures as detailed in the South Carolina Ki-Aikido Handbook and understand that participation is conditional to the extent that I am willing to abide by the directives listed therein.

**I HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE.**

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

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Name (Parent or guardian if under 18 years of age)



*Let us love and protect all creation and help all things grow and develop.*

**2018 EKF SUMMER CAMP REGISTRATION  
JUNE 21-24, 2018**

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

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Dojo: \_\_\_\_\_ Aikido Federation: \_\_\_\_\_

Ki Rank: \_\_\_\_\_ Aikido Rank: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Fees:

Full Seminar: \$250

Senior/Student Seminar: \$200

Additional Family Member/New Member Seminar: \$150

I Am Bringing 3 New Members: FREE

Dietary Restrictions: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(Parent or Guardian signature required for minors)