

**TOMIKI AIKIDO OF THE AMERICAS, INC.**  
**(TAA is a 501(c)(3) non-profit educational organization)**

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Emergency contact (name and phone number) \_\_\_\_\_

Previous martial arts experience: \_\_\_\_\_

\_\_\_\_\_  
Your Club and Sensei's name: \_\_\_\_\_

**ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY. INDEMNIFICATION**

**I, the undersigned, acknowledge and agree that AIKIDO is a competitive martial arts training program that entails extreme exertion and incorporates martial arts techniques that can inflict severe physical damage and even death. I voluntarily assume all of the risk inherent in the practice of AIKIDO and for myself, my heirs and my assigns waive any and all claims that I may have against, and release from liability, my aikido instructors, my fellow students, the officers and directors of Tomiki Aikido of the Americas, Inc., and any other institution or person providing facilities, help or assistance to them ("Releasees"). I hereby indemnify, agree to hold harmless, and covenant not to sue any of the Releasees for any damage or injury I may sustain related to my study and practice of aikido. I have read and understood the terms of this Assumption of Risk, Waiver and Release of Liability, Indemnification and by signing below signify my agreement to the same.**

Date: \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Signature of applicant (or parent for minors)