



Central Illinois Aikikai, Inc.

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www.aikidocia.org

Reserved for CIA use

- BEGINNER - ADULT
- ADULT
- VISITOR

Instructor's initial: _____

Adult Student Information

Name: _____ Date of birth: _____ Occupation: _____

Aikido / Judo rank: _____ Dojo: _____

Address (Street, City, State): _____

Email: _____ Phone(____) _____ Alternate phone (____) _____

Person to contact in event of emergency: _____ Their phone #:(____) _____

Do you have any medical conditions we should be aware of? _____

How did you find out about us? _____

I agree to read the USAF New Student Guide and USAF Ethics Guidelines available on the dojo website, and to abide by the rules and guidelines contained in those documents during all Aikido and / or Judo classes, and whenever using the Central Illinois Aikikai facilities.

Assumption of Risk and Waiver

This is a legally binding agreement. By signing this agreement, you give up rights and remedies you might have for injuries to yourself or damage to your property arising out of your participation in Aikido and / or Judo classes or use of the CIA facilities.

In consideration of the Central Illinois Aikikai providing services and facilities to allow me to participate in Aikido and / or Judo classes, I agree as follows. I recognize that Aikido and Judo share the hazards of practicing any martial art, including permanent disability or death. I assume the risk of participating in martial arts classes at CIA facilities. I agree not to hold the CIA, its board of directors, its instructors, its guests, or any of its members responsible for any property damage or physical injuries which might occur due to negligence during the practice of Aikido or Judo, or during any use of the facilities of the CIA.

(signature of student)

(date)

Video / Photo / Audio Consent

This is a legally binding agreement. By signing this agreement, you give up rights and remedies you might have regarding video or photographic images, or audio recordings of you arising out of your participation in Aikido and / or Judo classes or use of the CIA facilities.

In consideration of the Central Illinois Aikikai providing services and facilities to allow me to participate in Aikido and / or Judo classes, I agree as follows. I assign and grant to CIA and the United States Aikido Federation (USAF) the right and permission to use my name and photographic likeness and publish the photographs/film/videotapes/electronic representations and/or sound recordings made during CIA-sponsored activities by CIA or other participants in such activities in all forms and media for advertising, trade, and any other lawful purposes, and I hereby release CIA and the USAF from any and all liability from such use and publication. I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of CIA or USAF and I specifically waive any right to any compensation I may have for any of the foregoing.

(signature of student)

(date)