



**WAIVER AND RELEASE**

In consideration of **LUNENBURG AIKIKAI ASSOCIATION** (the “Releasee”) providing Aikido instruction I, for myself, my heirs, executors, administrators and assigns:

- waive** any claims to which I (or my estate or personal representatives) may become entitled for personal injury or loss of life or damage to or loss of or destruction of personal property, and
- release** the said Releasee, its instructors, directors, officers, members, agents, successors and assigns from any claims, demands, damages, actions, or causes of action for personal injury or loss of life or damage to or loss of or destruction of personal property

arising out of or in consequence of or in any way related to the Aikido instruction provided to me or any activity related to the said instruction (including, without limiting the foregoing, any event which occurs in any training facility utilized by the Releasee), notwithstanding that it may be caused, in whole or in part, by the negligence or gross negligence of the Releasee or its instructors, directors, officers, members agents, successors or assigns.

I acknowledge I am aware of the risks inherent not only in Aikido instruction but also martial arts training in general, and that I personally accept all of the risks involved. I acknowledge that I do not have any medical conditions, or physical and/or mental limitations which would prevent me from safely participating in Aikido training. I acknowledge that I have been advised that the Releasee is a non-for-profit society and does not carry insurance.

I would not be permitted to participate in any Aikido related activities if I did not sign this Waiver and Release. I acknowledge that I have read this Waiver and Release in its entirety prior to signing it.

Dated at \_\_\_\_\_, in the County of Lunenburg and the Province of Nova Scotia, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Participant’s/Guardian’s Signature

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
Address

**IF PARTICIPANT UNDER 19 YEARS OF AGE:** This form is to be signed by the parent (or legal guardian on behalf of the participant who has the legal authority to consent to this Release and Waiver on behalf of the Participant). In this case, this Waiver and Release shall be read with all the changes of gender and number required by the context.