## Tri City Aikido Martial Arts Academy

A Subsidiary of Jump on It Inc.

In consideration of being allowed to participate in any way in the programs, related events and activities of Tri City AIKIDO/ Jump on It Inc., the undersigned:

- 1) Agree that prior to participating, he/she will inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, will immediately advise the chief instructor of such condition(s) and refuse to participate. Parent(s) or legal guardian(s) of minor participants agree that they will instruct the minor to this effect.
- 2) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence but the action, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to them or not reasonable at this time.
- 3) Assume all the forgoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4) Release, waive, discharge and covenant not to sue Tri City AIKIDO and Jump on It Inc., its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees if the organizations, or other participants, their parent(s), guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lease's of premises used to conduct the event, all of which are hereafter referred to as "releases", from any and all claims, demands, loses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Printed Name of Participant	Signature	Date
Printed Name of Parent/ Guardian	Signature	Date
Printed Name of Parent/Guardian	Signature	Date
Street Address	City	Zip
Telephone (Home) Telephone (Work)	Birth date	Sex
Person to notify in case of emergency	Telephone	Relationship
EMAIL ADDRESS		