



**KUPUNA AIKIDO
APPLICATION FORM**

NAME: _____ AGE: _____
(First name and Last name)

ADDRESS: _____
(Street, City, State, ZIP)

EMAIL ADDRESS: _____ PHONE: _____ Home
Cell

How many times have you fallen in the past year? _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE: _____ Cell Home

Race/Ethnicity: _____ Gender: Male Female Other

I understand that the Safe Falling Class is not a fall prevention class, and that the instructors/assistants are not fall prevention or medical experts.

I understand that the balance, the exercises, and safe falling techniques presented in the class are suggestions which, when practiced correctly and on a daily basis, can help decrease serious injury, in the event of a fall.

I understand that, if at any time, I experience pain or discomfort while performing any of the activities, it is my responsibility to stop doing the activity and ask the instructor for an alternative and/or modified activity.

I understand that participation in these classes and use of the techniques do not guarantee that a fall or injury will not occur.

I understand that there is no class or technique which can guarantee that one will not fall or be injured.

I have read the Kupuna Aikido RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT and agree to all its conditions.

Print Name of Participant

Date

Signature of Participant



KUPUNA AIKIDO

Medical Certification: PHYSICALLY ABLE TO PARTICIPATE IN KUPUNA AIKIDO CLASSES

I, _____, am interested in participating in classes offered by Kupuna Aikido. I am aware that the class is 50 minutes long, meets once a week for eight weeks, and will involve physical activities as listed below:

- Able to go down and get up from a practice mat.
- Exercises to strengthen core muscles (legs, abdomen and back).
- Exercises to improve balance/coordination.
- Exercises that require shifting balance from left to right sides, leaning forwards and backwards.
- Exercises to strengthen neck muscles, to keep head above horizontal ground plane.
- Safe falling exercises: using leg muscles to lower oneself as close as possible to the ground in a controlled manner, turning to receive and distribute impact along muscle mass on the outside calf, thighs, buttocks, back, triceps and forearm.

I have reviewed the Class Physical Activity Requirements listed. I realize that I may become more physically active than I am currently. If I have any special medical needs, I have checked with my doctor about my areas of concern and have his approval to participate.

I certify that I am physically able to accomplish the physical requirements of the class. I take full responsibility for my participation in the class. I agree to work within my own comfort zone and will stop if I feel any pain or discomfort.

Print Name of Participant

Date

Signature of Participant



KUPUNA AIKIDO
RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK
AND INDEMNIFICATION AGREEMENT

1. I, as a participant or the legal guardian of a participant, understand that the participation in Kupuna Aikido (KuA), including any safe falling or low impact Aikido classes or other KuA sponsored classes, requires physical contact and exertion, and that there is a possibility that serious injuries, and even death, may occur.
2. I personally assume all of the risk of such injuries, on my own behalf.
3. I release and fully indemnify all instructional locations, KuA, instructors, assistants, officers, directors, guest instructors, successors and/or assigns (collectively called 'Releasees') from any and all liability occurring by or through my participation. If any portion of this release is determined to be invalid for any reason, the remainder of the release and indemnification shall continue and remain in full force and effect.
4. I hereby release, discharge, and covenant not to litigate in any manner (whole or in part) against the Releasees, students, family individuals or institutions recognized in whole or in part to be linked/agents in any manner with KuA, including any sponsors, agents, directors, officers, members, volunteers, employees and other participants in this or any program offers. If anyone on my behalf makes a claim against the Releasees, I agree to indemnify, save and hold harmless each and all of the Releasees from any litigation expense, attorney fees, loss, liability, damage or costs which the release or any parties associated may incur as a result of such claim(s).
5. As a condition of this Release, including any membership or participation, I understand that I must carry and maintain my own medical insurance.
6. If, at any time I judge an activity to be unsafe or beyond my physical ability to execute safely, I agree to immediately decline to participate in such activity and notify the instructor.
7. PHOTO RELEASE — I hereby grant permission to be photographed, voluntarily and without compensation, by KuA or its agents, understanding that the same is intended for publication for art, advertising, educational or any other lawful purpose whatsoever.
8. DATA RELEASE – I hereby grant permission to release any evaluation/survey data, voluntarily and without compensation by KuA or its agents, understanding that the data will be released without identifying personal information and is intended for study, publication, educational or other lawful purpose whatsoever.
9. By signing below, I acknowledge that I have read and understood this Release and agree to its terms and conditions.

Print Name of Participant

Date

Signature of Participant