AIKIKAI INTERNATIONAL, INC.

ADULT CLASS FORMS

In the attached packet, you will find the following:

- 1. Application
- 2. Release
- 3. Dues Policy

Please fill out all of the required forms and submit with the required Fees & Dues.

\$100.00 Annual Registration Fee \$255.00 per Quarter (\$85.00/month x 3 Month)

All **PAYMENTS** are non-refundable.

AIKIKAI INTERNATIONAL, INC.

APPLICATION (Please print or type)

NAME	
Last	First
HOME ADDRESS	Middle
-	
TELEPHONE NUMBER	DATE OF BIRTH
OCCUPATION	DATE OF BIRTH
PLACE OF EMPLOYMENT	
THE OF EMPLOYMENT	
-	
WORK TELEPHONE NUMBER	R
LEVEL OF EDUCATION	
DEGREES, CERTIFICATES	TTAINED, INCLUDING COLLEGES ATTENDED, DIPLOMAS OBTAINED, IF ANY:
	OBTAINED, IF ANY:
EMERGENCY CONTACT DEPO	
THE PERS	ON NAME AND TELEPHONE NUMBER:
DO YOU HAVE MAJOR MEDIO	CAL HEALTH INSURANCE?
IF YES, WHAT IS THE NAME	THE OF YOUR INSURANCE CARRIER?
- III	TOUR INSURANCE CARRIER?
HAVE YOU EVER TAKEN A M	ARTIAL ART BEFORE?
	TI ONE!

IF YES, P	LEASE IDENTIF	Y THE MARTIAL ART, THE SPECIFIC RANK R OF YEARS YOU STUDIED EACH MARTIAL
ART.		TOO STODIED EACH MARTIAL

DID YOU SU ARTS? CIRCUMSTAN	STAIN ANY INJ CES FOR EACH	URIES WHEN YOU PRACTICED THESE IF YES, PLEASE DESCRIBE THE INJURY:
		·
NOW DID YOU	FIRST LEARN	OF AIKIDO?
Y DO YOU W	ANT TO STUDY	AIKIDO?
ntinue on to next p	Page)	

	3	
PLEASE IDEN OR INJURIES ABILITY TO POSSIBLE.	ITIFY ANY AND THAT YOU PRI ENGAGE IN A I	ALL PHYSICAL DISABILITIES, HANDICA ESENTLY HAVE THAT MAY AFFECT YOUR MARTIAL ART. BE AS SPECIFIC AS
	200	
	41	
I CERTIFY	THAT THE FO	REGOING INFORMATION IS TRUE AND
	*	
04==		
DATE	_	

Alkikal International, Inc. 10410 SW 119th Street Miami, Florida 33176

Dues Policy

(Effective December 31, 2015)

Aikido dojo dues are due on the 1st of the month. A late fee of \$25 will be assessed to any dues received after the 5th of the month. If paying by check or money order, you may mail your payment to the address above, but the payment must be received by the 5th of the month to avoid the late fee. Out of respect to Ferguson Sensei and the dojo, no member shall be allowed to train if he/she is in delinquent status. If your dues are late by twenty (20) days, your dojo membership will automatically terminate without further notice, and you will have to reapply to the dojo to reinstate your membership.

Dated: December 15, 2015

AIKIKAI INTERNATIONAL, INC.

RELEASE OF ALL CLAIMS

Release execut	ed on the	_ day of		, 2	0,	by the
undersigned individual	identified below,	in Miami-Dade,	Florida,	referred to	as Re	leasor.

In consideration of being permitted to study and practice the martial art of AIKIDO and to attend and participate in the Aikido classes and seminars offered by AIKIKAI INTERNATIONAL, INC., at the A. Kolychkine Judo Foundation, Inc., located at 9664 Sunset Drive, Miami, Florida 33173, Releasor, for himself/herself and personal representatives, assigns, heirs, and next of kin, hereby releases, waives, discharges and covenants not to sue AIKIKAI INTERNATIONAL, INC., A. Kolychkine Judo Foundation, Inc., and their officers, directors, employees, members and training instructors, all referred to as Releasees, from all liability to the Releasor, his/her personal representatives, assigns, heirs and next of kin, for all loss or damage, and any claim or damage therefor, on account of injury to the person or property or resulting in death of the Releasor, whether caused by the negligence of Releasees, or otherwise, while the Releasor is studying or practicing or, for any purpose, participating in the art of AIKIDO during the above-referenced Aikido classes and seminars.

Releasor agrees to indemnify the Releasees and each of them for any loss, liability, damage or cost Releasees may incur due to the presence of Releasor in or on the area designated for the study and practice of AIKIDO at the A. Kolychkine Judo Foundation, Inc., located at 9664 Sunset Drive, Miami, Florida 33173, whether caused by the negligence of the Releasees or otherwise.

Releasor understands that his/her participation in the study and practice of AIKIDO is voluntary and at his/her own risk and expense. Releasor also understands that the practice of AIKIDO involves bodily contact and the use of weapons and has an inherent risk of injury.

Releasor hereby assumes full responsibility for any risk of bodily injury, death or property damage due to negligence of Releasees, or otherwise, while in or on the aforementioned area designated for the study and practice of AIKIDO, and/or while studying, practicing or for any purpose participating in AIKIDO.

Releasor expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that, if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

Releasor, being of lawful age noted below, in consideration of being permitted to participate in the study and practice of AIKIDO, does for himself/herself, his/her heirs, executors, administrators, and assigns, hereby release and forever discharge the Releasees of and from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in the study and practice of AIKIDO or any activities in connection with AIKIDO whether by negligence or not.

Releasor further states that he/she has carefully read the above release and knows the contents of the release and signs this release as his own free act.

Releasor further releases the Releasees from any claim whatsoever on account of first aid, treatment or service rendered him during participation in the study and practice of AIKIDO.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Witness	Signature	