

**KUFUDOKAN – Enrolment Application Form
Participation Agreement - Waiver and Indemnity**

PLEASE PRINT

PERSONAL DETAILS

First name: Surname:.....
Address: Post Code:
Phone number: Home (.....) Work or Mobile
E-mail: @ Date of Birth:/...../..... Age:
Current *BUDO* grade and date awarded: Male / Female:
School that awarded the grade: Head of School:
Instructing / coaching experience:
Occupation:

MARTIAL ARTS HISTORY

Have you studied any other martial arts before? Yes No
If yes, state particulars of style and grade achieved:.....
Years studied: Name of Instructor:.....

HEALTH AND EXCLUSION DECLARATION

Are you prescribed drugs that may impair reaction time or judgement? Yes No

If yes, what drugs:.....

Have you suffered any incapacity requiring medical attention in the past 12 months? Yes No

If yes, give details:.....

Name and identify any physical impairments, injuries or medical condition that currently affects you:
.....

Are you aware of any health problem that you have that, in the interests of your safety, *KUFUDOKAN* and the instructors of *KUFUDOKAN* should be advised of? Yes No

If yes, please describe:.....

Has a medical practitioner or any other person or entity or a martial arts club or organisation ever excluded you from participating in martial arts in the past? Yes No

If yes, give details:.....

Authority for First Aid, Medical Treatment and Indemnity - I authorise the instructor(s) and other officials to give first aid to me in the event of injury and to arrange for me to be transported to hospital for medical treatment.

Name of and Emergency contact: Phone number:

DECLARATION OF UNDERSTANDING – Martial Art Is Dangerous – It has been explained to me and I understand that training, practicing or participating in martial art is dangerous and that I must at all times abide by the rules of *KUFUDOKAN* and any instruction provided to me by *KUFUDOKAN* and those instructing me in *Jujutsu/Aikido/Budo* and obtain clarification before proceeding if those rules or that instruction are not understood. Further I understand and agree that my participation is entirely at my own risk.

I and any other person in relation to myself hereby absolves, indemnifies and holds harmless the providers, including others receiving instruction from all liability howsoever arising for injury, loss or damage (including but not limited to my person, property and personal belongings) however caused, including by the negligence of the indemnified, arising out of or in connection with the provision of instruction or related services or in any way caused by, or arising out of any activity carried on by the providers.

Dated thisday of20 Applicant Signature

Witness name and signature:

GUARDIAN'S CONSENT (for all persons under 18 years) - hereby certify and declare that all the information contained in the declarations above is true and accurate and that I consent to the Applicant receiving instruction in and training, practicing and participating in *KUFUDOKAN AIKI BUDO [Jujutsu/ Aikido/Open Way Budo]*.

Signature: Relationship to Applicant:

Address: Post Code: