



# Still Point

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Aikido Center

## Waiver and Release

I, \_\_\_\_\_, wish to participate in Aikido training offered by Still Point. In consideration: I acknowledge Aikido is a martial art and contact physical activity involving throwing and/or restraining techniques practiced through application of force and/or leverage to various parts of the body, including, but not limited to, the joints. Practicing these techniques involves falling or rolling with varying degrees of force or momentum.

I acknowledge that, while every effort will be made to provide a safe training environment, and while risk of serious injury is minimal, there nonetheless remains a possibility of serious physical injury, long or short term disability resulting from such training or practice. Notwithstanding, I choose to participate and assume all risks to person or property possibly associated with the stated and associated activities.

Specifically, for myself, my heirs, administrators, personal representatives or assigns, I release, remise and discharge Still Point (individually or in association with other instructors or groups) and any and all sponsors, facilitators, or owners of premises, activities, or equipment, their respective agents, servants, officers and officials, and all other participants in the activity of and from all claims, demands, actions and causes of action of any sort, for injuries to my person or property during my presence at, or participation in, the stated activities due to negligence or any other fault. Furthermore, I recognize that the City of Austin, Austin Parks and Recreation, and Hancock Recreation Center are facilitators only of this activity and do not hold these parties to be associated with or in any way responsible for the events or occurrences that may arise in conjunction with my participation in this activity.

I understand neither Still Point nor any associates of Still Point are liable for the action or actions of any individual participant or spectator.

I certify that I am at least eighteen (18) years of age or, if under age 18, have the permission of my parent or guardian to participate in this activity and that they have full knowledge of all details.

I further agree to acquaint myself with all dojo policies and procedures as detailed in the Still Point Student Handbook (available in the dojo library, and at [www.stillpointaikido.com](http://www.stillpointaikido.com)), and understand that membership is conditional to the extent that I am willing to abide by the directives listed therein.

I HAVE READ AND UNDERSTOOD THIS WAIVER AND RELEASE.

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Participant

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Age

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Parent or Guardian (If under 18)

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Date

## Student Profile

First Name \_\_\_\_\_ Middle I. \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

*you will automatically be subscribed to the Still Point email list upon processing of this record*

Company \_\_\_\_\_ Title \_\_\_\_\_

Date Joined this club \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M  F

Would you like your contact information listed in a dojo directory? Yes  No

Do you have any medical or physical limitations that you would like us to be aware of during practice? Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

Do you have any previous martial arts experience? Yes  No

If yes, what style(s)? \_\_\_\_\_ Estimated number of hours trained \_\_\_\_\_

Any previous aikido experience? Yes  No  If yes, what affiliation? \_\_\_\_\_

Estimated number of hours trained \_\_\_\_\_ What rank, if any, was obtained? \_\_\_\_\_

What are your primary objectives in aikido training? (Are you mainly interested in self-defense, physical fitness, spiritual discipline, etc.?)

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In case of emergency, contact (name) \_\_\_\_\_

Contact info (best methods) \_\_\_\_\_

Relation \_\_\_\_\_