

AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I, _____, acknowledge that I have voluntarily applied, or have voluntarily allowed my child _____ to apply, to participate in kendo and/or iaido instruction and training at a dojo or club which is affiliated with the All United States Kendo Federation and the Northern California Kendo Federation (hereinafter, any and all affiliated federations, dojos, and clubs referred to as "AUSKF").

2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN IAIDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND IN RARE INSTANCES, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.

3. **Release.** As consideration for being permitted by AUSKF /NCKF to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of AUSKF/ NCKF on account of injury, damage, or death resulting from negligence or other acts however caused, by any employee, agent, or contractor of AUSKF/NCKF as a result of my, or my child's, participation in kendo. I hereby release AUSKF/ NCKF from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage, or death resulting from my, or my child's, participation in kendo.

4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN AUSKF AND ME, AND SIGN IT OF MY OWN FREE WILL.

Date _____

Signature of participant, or, if participant
is a minor, signature of participant's parent
or legal guardian.

Print name

MEMBERSHIP INFORMATION

Name: _____ Phone: _____

Address: _____ Email: _____

_____ Birth Date: _____

Age: _____ Gender: M F

Previous Kendo? No Yes (If yes, provide rank / federation): _____

Are you visiting from another dojo? No Yes (If yes, name of dojo) _____

Health concerns? No Yes _____

Emergency contact: _____

(Required)	Name	Phone #	Relationship:
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