

# Aiki Canada

2691397 Ontario Incorporated - Wavier and Release of Liability Form

I, \_\_\_\_\_ agree to observe all **CLUB RULES**  
Name of Student (print)

established to maintain order and to protect students, instructors, volunteers and guests from injury as outlined in the Aiki Canada - Student Guide. I further agree to respect and abide by the discipline of the instructor(s), policies and by-laws outlined by Aiki Canada - Student Guide.

## **Applicant:**

In consideration of my acceptance as a student (applicant), I hereby release 2691397 Ontario Incorporated (known as "Aiki Canada"), The Oshawa Central Council of Neighbourhood Association and The Brookside Park Neighbourhood Association, and forever discharge its directors, officers, instructors, members, volunteers and authorized guests from any and all actions, causes of actions, claims and demands for damages, loss or injury or death, how so ever arising, which I may now have, or which may here after being sustained by me in consequence of my membership in 2691397 Ontario Incorporated (Aiki Canada).

I also agree that 2691397 Ontario Incorporated (Aiki Canada), Norm Harrison and any other person connected with the said 2691397 Ontario Incorporated (Aiki Canada), shall not be responsible for any loss or theft of my personal possessions while a member or potential member of Aiki Canada.

I am at least eighteen (18) years of age and have **Carefully Read, Understood, and Agree** that I will abide by all rules outlined in the Aiki Canada Student Handbook (2691397 Ontario Incorporated) and the Aiki Canada COVID-19 Safety Plan and Procedures. I voluntarily assume any and all risks associated with exposure to COVID-19, which risks include but are not limited to risks of personal injury, illness, and death, as a participant of Aiki Canada while using the Fernhall Community Centre (Brookside Park Neighbourhood Association).

## **Parent/Guardian/Student (Applicant) (if over 18):**

I hereby consent to the above and consideration of the acceptance of the agreement, I hereby agree to indemnify and save harmless, **2691397 Ontario Incorporated (Aiki Canada), The Oshawa Central Council of Neighbourhood Association and The Brookside Park Neighbourhood Association**, its directors, officers, instructors, students, volunteers and authorized guests, of and from any and all liabilities of any kind whatsoever, of any nature, arising out

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of any form in any way connected with any kinds of claims or demands made on behalf of the applicant, parent or guardian.

Date at Oshawa this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Signature of Parent/Guardian or Applicant if over 18 (please print Name)

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Organization Witness (over 18 years of age)

Student's Full Name:		Date of Birth (DD/MM/YYYY):	
Medical / Physical Condition(s) (Please provide specific details, if you have any medical condition(s) or physical limitations that will impact your ability as a student to participate in classes):			
<b>Emergency Contact Person:</b>		Relation to Student:	
Name:		Cell #:	
Name:		Cell #:	
Student's Home Address:			
City:		Postal Code:	
Home Phone #:	Bus. #:	Cell #:	
Email address:			
Does the student have previous martial arts experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete below.			
Style(s)		Rank/Number of Years Studied	
<input type="checkbox"/> I declare that the personal information provided above is accurate and complete. Signature _____ Date _____			

# Aiki Canada

Office Use Only: Please check all applicable boxes

Signed Aiki Canada Waiver/Release

Confirm Student has been double  
vaccinated (12 yrs and above)

Aiki Canada Student Handbook

Belt Curriculum Provided

Signed Photo Waiver

7 Virtues of Bushido Card

Uniform Provided

Obi Tying Instruction Sheet