

2023 YAF Kyoto Seminar

Host: Mugenjuku Dojo

Participant Waiver

Name: _____
(Surname) (Given)

Address _____ Apt. _____

City: _____ Code _____

Telephone: Cell(____) _____.

Date of Birth _____ Sex: M / F email: _____ @ _____.
(mm/dd/yyyy)

Name of club _____ Rank _____

Photo Release

While training and during demonstrations, instructors, parents visitors and students take photos and video of those participating in Aikido. These photos are typically kept in dojo photo albums and displayed on the YAF (Yoshinkan Aikido Fellowship) or Mugenjuku dojo web site. Some are also submitted to local newspapers and other publications where they are often used in publications and promotional materials. I consent to the use of images of myself and/or my child/ward as indicated above and for whatever use may from time to time be determined by YAF or Mugenjuku dojo.

Medical Information

Does the participant require special care, medication, or diet? Yes No

Please provide details:

Does the participant have any allergies? If yes please provide details below:

Please advise of any medical conditions, diseases, operations, disorders or problems the member has had or currently has. Provide details:

Signatures:

Adults:

I hereby release and forever discharge YAF (Yoshinkan Aikido Fellowship) or Mugenjuku dojo, it's Organizers, Instructors, Members and Authorized guests, from any and all actions, causes of actions, which may hereafter be sustained by me in consequence of attending classes at this school. This will include any claims arising from any disease of the human body (COVID19, Ebola, SARS etc..) In addition, I agree that neither the Organizers or Instructors shall be responsible for any loss or theft of my personal possessions.

Dated at Scarborough, On.

Signature of Applicant

Children Under 18 years:

I hereby release and forever discharge YAF (Yoshinkan Aikido Fellowship) or Mugenjuku dojo, it's Organizers, Instructors, Members and Authorized guests, from any and all actions, claims and demands for damages, loss or injury, however arising, which may hereafter be sustained by my child in consequence of attending classes at this school This will include any claims arising from any disease of the human body (COVID19, Ebola, SARS etc..) In addition, I agree that neither the Organizers or Instructors shall be responsible for any loss or theft of my personal possessions.

Dated at _____

Signature of Parent/Guardian

Parents name

Please add any additional comments or medical information if required below: