



# Waiver and Release of Liability

## Aikido of Fairfax

### Participant Information:

Full Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

### Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Acknowledgment of Risks:

I, the undersigned, acknowledge that I am voluntarily participating in Aikido classes and activities at Aikido of Fairfax LLC. Aikido practice requires but not limited to throwing, tumbling, and immobilization through pressure on body joints. I understand that participation in these activities involves inherent risks, including, but not limited to, physical injury, illness, or death, which may result from my own actions, the actions of others, or the condition of the premises.

### Release of Liability:

In consideration of being allowed to participate in Aikido activities, I hereby release, waive, and discharge Aikido of Fairfax LLC, its owners, instructors, employees, and agents from any and all liability for injuries, damages, or losses that may occur during or as a result of my participation in these activities, whether caused by negligence or otherwise.

### Health and Fitness Certification:

I certify that I am in good health and physical condition to participate in Aikido classes. I have consulted with my physician and have received clearance to participate in physical activities. I acknowledge that it is my responsibility to inform the instructors of any medical conditions or limitations I may have.

### Indemnification:

I agree to indemnify and hold harmless Aikido of Fairfax LLC, its owners, instructors, employees, and agents from any claims, liabilities, damages, or expenses arising out of my participation in Aikido activities.

### Photography and Video Release:

I consent to the use of photographs and videos taken during classes and events for promotional purposes, including but not limited to social media and marketing materials.

### Governing Law:

This waiver shall be governed by the laws of the state of Virginia.

### Acknowledgment of Understanding:

I have read this waiver and release of liability carefully and understand its contents. I acknowledge that I am signing this waiver voluntarily and that it is a binding legal document.

### Participant Signature:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is Applicant under 18 years old?

☐ Yes ☐ No

Parent/Guardian's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_