Aikido Shudokan Malaysia

JOE THAMBU SHUSEKI SHIHAN'S SEMINAR

REGISTRATION FORM

Full name : _____

Contact No. (H) :_____(H/P)_____

Emergency Contact (Name & No.) : _____

Waiver

I hereby acknowledge that Aikido, being a practical application of martial principles, and the techniques relating thereto involves strenuous exercise, bodily contact, throwing and pinning that may cause serious injuries or permanent injuries to myself and others.

As a condition and in consideration of my acceptance as a participant in this Joe Thambu Shuseki Shihan Seminar, I hereby agree and fully understand that all due care shall be taken by me to prevent any such injury and I acknowledge that should I sustain any injury, no matter how caused, whilst participating in the seminar/classes or whilst practicing the techniques taught, no liability whatsoever shall attach to any instructors, organisers of, or participants in, the seminar/classes. I participate in the seminar and/or training classes entirely and absolutely at my own risk.

I hereby agree to indemnify fully and hold harmless, any individually and collectively, the Aikido Shudokan and its employees, assignees including other fellow students, servants and agent's as well as the leader of the seminar, Joe Thambu Shuseki Shihan, from and against all claims, injuries, death, disabilities, actions, damages, losses, liabilities, costs and expenses (including solicitor's fees on a solicitor and client basis) accrued against, charged to or recoverable from it/them/him/her by reason or in connection with any damage to property or injury dealt whatsoever and howsoever caused arising out or in connection with my voluntary presence and participation in the seminar. I participate in the seminar and/or training classes entirely and absolutely at my own risk

I HAVE CAREFULLY READ THE ABOVE WAIVER AND RELEASE AND HEREBY UNDERSTAND THAT BY SIGNING I AM GIVING UP IMPORTANT RIGHTS AND DO SO VOLUNTARILY.

_____

Applicant's Signature
Name :