Aikido de la Montagne

3724 avenue du Parc, Montréal, P.Q. Canada H2X 2J1

REGISTRATION FORM

Iaido ☐   **Aikido** ☐

LAST NAME _____ **Given name** _____

ADDRESS _____

   Town _____ **Prov/State/Postal code** _____

TEL (_____) _____ **Other** (in case of emergency) _____

E-MAIL _____

OCCUPATION _____ Date of birth _____ / ____ / ____
             (Full time student: specify Institution and current program)   yyyy   mm   dd

MEDICAL NOTIFICATIONS _____

IF YOU EVER PRACTICED AIKIDO OR IAIDO BEFORE, PLEASE FILL IN THE FOLLOWING

YOUR RANK &	SENSEI
DATE OF AWARD	DOJO / FEDERATION

Waiver

I, the undersigned, request to be admitted to the Association Aikido de la Montagne, hereinafter called the School. I understand that martial arts taught at the School involve strenuous exercise, physical contact and weapon handling. I further understand that the School does not offer any insurance or guarantees of any sort, nor subscribe to any insurance against injuries to its members or damage to their property. In consideration of the privilege of being admitted to the School, of receiving instruction and of using the installations, I hereby declare that I will personally assume all responsibility concerning any injury involving aikido, iaido or the School that I may incur or that may be inflicted on me by others, be it on or off the premises, before, after, during or between sessions. I hereby hold immune and release the School, its directors, agents, representatives and instructors from all responsibility, accountability and any lawsuits or reparations concerning injuries, damages or losses of any nature whatsoever, in law or in equity, relative to the activities mentioned above. I hereby agree and engage, in my name and in the name of my heirs and beneficiaries, never to pursue under article 1457 of Civil Code of Québec, the School, its directors, agents, representatives and instructors in relation to such injuries, lawsuits, responsibilities, damages, reparations or losses.

IN WITNETH THERREOF, I have signed this document and I declare that I have read it and fully understand it.

Signature _____ Date **2015** / _____ / _____
             (Parent or Guardian for a minor)   mm   jj

To be filled by Aikido de la montagne
accueil par: _____