

# Adult Enrollment Application

..... Last Name	..... First Name	..... Middle Initial	..... Start Date
..... Street Address	..... City	..... Zip Code	
..... Telephone	..... E-mail		
..... Date of Birth	..... Occupation		
..... Physical Defects / Medication (if any)			
..... Reasons for Studying Aikido & Ki Training			
..... Previous Experience in Aikido	..... Dojo	..... Name of Instructor	
..... Rank Attained in Aikido	..... Date of Last Examination		
..... Referred by (website)	..... <input type="checkbox"/> AIA Website <input type="checkbox"/> Google <input type="checkbox"/> seidokan.org		..... <input type="checkbox"/> Other

## Release of Liability & Assumption of Risk | RE: Aikido Institute of America

- I, .....  
(Print or Type Your Full Name Here)  
certify that I am in good health and have no physical defects that would endanger my health in participation and practice of Seidokan Aikido and all related programs at the Aikido Institute of America and all of its training centers and activities.
- I have observed and fully understand the nature of the training program and hereby release and discharge the Aikido Institute of America, all of its training centers, instructors and officers from any liability whatsoever, resulting from or in any manner arising out of any injury or damage which may be sustained to me or my property on account of my participation and/or transportation connected there with in said activity.
- I represent and covenant that at the time of signing this release and application, I am legally competent to execute it and that before signing it, I have fully informed myself of it with full knowledge thereof.

.....  
Signature

.....  
Date

### FOR OFFICIAL USE ONLY

..... Application Reviewed & Approved By (Name)	..... Date		
..... Tuition Received (yes/no)	..... \$ <input type="checkbox"/> Monthly	..... \$ <input type="checkbox"/> 3 Months	..... \$ <input type="checkbox"/> Mat Fee