

# AIKIDO OF CHESTER COUNTY, INC. REGISTRATION AND RELEASE FORM

## Hold Harmless

This school, its agents, servants or employees, shall not be responsible or in any way liable to the student, his or her parents, guardians, heirs, executors, administrators, or assigns, for any damages or redress in any form for any injuries caused to or sustained by the student because of an accident of any kind, whether such accident shall be caused by or arise from its or their negligence or from any cause whatever except that this waiver of liability shall not extend to any such agent, servant or employee who causes any such injury by his willful act. The student or the student's parents or guardians assume the risk of injury to the student while attending courses or lessons or any activity.

The undersigned student, or the undersigned parent or guardian of this student, for himself, his heirs, executors and administrators, covenants not to sue the school, its agents, servants and employees, against all damages, loss or expense which they or any of them incur as the result of any claim or action which may, at any time be made or instituted by or on behalf of the undersigned student or his representative including without being limited, to any claim or action based upon negligence of the school, its agents, servants or employees.

Your signature below indicates acceptance of all the terms of the **Aikido of Chester County, Inc, G.U.T.S. and David Fuller Karate** "Hold Harmless"

\* **(Print)**

\_\_\_\_\_

\* (Student's Name)

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

\* (Students Street address)

Daytime Phone#: \_\_\_\_\_

\_\_\_\_\_

\*(City, State and Zip Code)

Evening Phone#: \_\_\_\_\_

\_\_\_\_\_

(Student's Signature)

Cell Phone#: \_\_\_\_\_

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

\_\_\_\_\_

(Emergency contact name and phone number)

\_\_\_\_\_

(Date)