

Redlands Aikikai Registration Form

Please read carefully before signing. You must complete all highlighted areas. This form must be initialed, signed, witnessed and dated on both sides. An individual registration form must be completed by each participant.

1

Name (printed) _____ M/F _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work or Cell Phone _____

E-mail Address _____

Do you have any allergies, physical limitations, medications or medical conditions of which the dojo should be aware with regard to your safety while training or the safety of others? If these limitations may affect your training or the training of others, you are responsible for making the class instructor aware of them.

No Yes _____

If yes, please explain briefly.

Emergency Contact Name/Address _____ Phone _____

2 I am enrolling in:

Adult Classes:

Aikido

Kendo I

Kendo II

Tai Chi

Systema

Zazen

Kids Classes

Aikido Kids

Other previous martial arts or yoga experience (art, instructor, years, rank)?

How did you hear about us?

3 Blood and Body Fluid Borne Pathogen Policy

To protect the Redlands Aikikai family against the risk of disease, Redlands Aikikai has adopted the following policy intended to minimize the risk of transmission of HIV, hepatitis-B, and other blood-and body fluid-borne pathogens during Martial and Inner Arts training. Current available evidence suggests that the risk of transmission of HIV during the type of body contact that occurs in Aikido training is slight. Organizations such as the NCAA, the National Academy of Pediatrics Committee on Sports Medicine and the U.S. Olympic committee have concluded that persons infected with blood-and body fluid-borne pathogens, particularly HIV, should not be banned from participating in contact sports. Certain federal and state anti-discriminatory laws may also prohibit such a ban. These organizations have concluded that the already slight risk of transmission of HIV and other blood- and body fluid-borne diseases can be further reduced by adoption of the Centers for Disease Control recommended "universal precautions" with regard to exposed body fluids. Redlands Aikikai observes these "universal precautions" as modified for Aikido training. Generally this means that instructors and all persons training at Redlands Aikikai shall treat all exposed body fluids as if they are infected. Specifically, the following measures will be observed at all times:

1. Preparation for training.

The most frequent points of contact between partners are the hands. Other exposed parts of the body subject to particular risk of cuts and abrasions are the feet and the areas about the face and neck for these reasons the following procedures must be observed.

- A. You will inspect the exposed parts of your body prior to participating in Aikido training to ensure that there are no breaks in your skin such as abrasions, open cuts, or sores.
- B. You will inspect your hands and feet to ensure that fingernails and toenails are trimmed and smooth in order not to cause cuts.
- C. You will never enter the training mat wearing a dogi which is blood or body fluid stained to any degree whatsoever.

If you have any open cuts or sores, you will clean them with a suitable antiseptic and cover them securely with a leak proof dressing before coming on the training mat. You will make sure they stay covered while you are training. If your hands or feet have broken skin, suitable taping, gloves or tabi will be worn to cover these areas. If you notice that someone else has an open sore you will immediately advise him or her of the fact and cease training with the individual until the appropriate covering is in place. If a person does not remedy the situation, you will immediately notify the class instructor.

2. Procedures for wounds incurred during training.

If a wound becomes uncovered, open, or is bleeding even to a minor extent during training, the person bleeding shall immediately stop training and leave the mat until the bleeding stops and the wound is securely covered as described below. Immediate measures shall be taken to stop the bleeding. If the injured person needs assistance with this procedure, each person so assisting shall wear a pair of latex gloves (which are available at the training area first aid kit). All used gloves and bloody cloths or dressings will be placed in a leak proof plastic bag provided for that purpose, and disposed of carefully. Hands shall be washed with soap and hot water immediately after gloves are removed. Minor blood stains on dogi will be treated with a disinfectant solution available in the dojo. If there are major blood stains or soiling, the dogi shall be removed immediately, placed in a leak proof container, and handled carefully until it can be laundered or disposed of.

3. Procedures for contact with another's blood.

If you come into contact with the blood of another, make an immediate attempt to locate and alert the individual who is the source of the bleeding, leave the mat, and follow procedure 2 above.

4. Procedures for blood on the mat.

If blood becomes present on the mat during training, the partner of the person bleeding will ensure that other students training do not come into contact with the blood. The blood, regardless of amount, will be cleaned up immediately by wiping down the exposed surface with the disinfectant solution provided for that purpose. Each person assisting in this task shall wear latex gloves (available in the dojo) and shall dispose of the gloves and cloths used for cleanup in the manner described in procedure 2 above. Upon completion of the cleanup, each assisting person shall wash his or her hands with soap and hot water immediately after gloves are removed.

5. Responsibility for health and safety on the mat.

There are diseases and illnesses other than those known to be transmitted through blood and body fluids. You are reminded that you are responsible for not only your own health and safety, but also the health and safety of your training partners. If you know or suspect that you have an illness which might affect or infect others, or which might impair your ability to train safely, you have the obligation to refrain from training until you are not a risk to others.

I have read, understood, and will comply with each and every part of this policy.

Participant's Name (If Minor, <i>Guardian's Name</i>) - printed	Participant's Signature (If Minor, <i>Guardian's Signature</i>)	Date
Witness's Name - printed	Witness's Signature (must be over 18)	Date

4 Consent and Assumption of Risk Statement

1. I acknowledge that Redlands Aikikai carry no insurance against liability for injury to any of its students or persons present in Redlands Aikikai (hereafter referred to as Aikikai). I agree that before using the mat or any equipment at Aikikai, I will inspect the facilities and equipment I use, and if I believe anything is unsafe, I will immediately advise the instructor present and will refuse to participate in training any further.

Initials
2. I agree that I know and understand and will follow all safety procedures in using equipment and training weapons at Aikikai. I agree that at no time will I bring steel swords or other non-training weapons to Aikikai training area (herein referred to as the training area) without the express written consent of the Aikikai's chief instructor Dr. Chetan Prakash. If there is any question as to what proper safety procedures are, I will specifically ask Dr. Prakash or the instructor at the training area.

Initials
3. I have been advised not to attempt any skill level in training or any other activity of which I am not fully capable. I realize that the study of Aikido requires proper conditioning and training.

Initials
4. I fully understand that:
 - A. There are risks and dangers associated with Aikido training but not limited to bodily injury, communicable diseases, partial or total disability, paralysis and death. In accordance with the law, Aikikai does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of other students in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to myself or others, and I acknowledge that it is my responsibility to act accordingly.
 - B. In particular, I understand that some students may be infected with diseases such as HIV/AIDS or Hepatitis-B which can be transmitted by exchanges of blood or other body fluids and that I may be training with them. I acknowledge that I have read and will follow explicitly the Redlands Aikikai Blood and Body Fluid Borne Pathogen Policy, a copy of which is attached to and incorporated in this Release, Consent and Assumption of Risk Statement.
 - C. There are social and economic losses and damages which could result from those risks and dangers described above which could be severe.
 - D. These risks and dangers may be caused by my negligence, the negligence of my training partner, or the negligence of others around me who are training or doing any other activity, or by the negligence of Aikikai or other agents or instructors of Redlands Aikikai.
 - E. There may be other risks not known or foreseeable at this time which could arise.
5. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OR DEATH, ILLNESS, OR INJURY SUSTAINED WHILE PARTICIPATING IN OR OBSERVING MARTIAL AND INNER ARTS AT REDLANDS AIKIKAI, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES DESCRIBED IN 7 BELOW.

Initials

6. I accept and assume all such risk and responsibility for all losses and damages following any such injury, illness, disability, paralysis or death, however caused or alleged to be caused including injuries caused in whole or in part by the negligence of Redlands Aikikai, its representatives, agents, employees, instructors, or other participants, or owners or lessees of the premises, including their officers, directors, agents and employees.

Initials
7. I release Redlands Aikikai, Dr. Chetan Prakash and other instructors at the Aikikai, agents, guest instructors, employees of and all individuals associated with Redlands Aikikai and with owners and lessees of the premises, including their officers, directors, agents, and employees from any and all liability, claims, demands or actions whatsoever arising out of the damage, loss or injury to me while upon the Aikikai premises or while participating Martial and Inner Arts training or any other activities contemplated by this agreement, whether such loss, damage, or injury results from negligence or otherwise.

Initials
8. I agree that this Release, Consent and Assumption of Risk Statement covers each and every time that I train or otherwise participate in any activity, listed or unlisted, at Redlands Aikikai or at any other location sponsored by Redlands Aikikai, its agents, employees or instructors.

Initials
9. I agree that I WILL NOT SUE OR MAKE A CLAIM AGAINST the released parties as the result of my participation at Redlands Aikikai or at any other location where training takes place.

Initials
10. I agree to INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES from all claims, judgments, and costs including attorney's fees incurred in connection with any action brought as a result of my participation in any activity at Redlands Aikikai.

Initials
11. I understand that Martial and Inner Arts is an educational system. I agree to strictly abide by the training rules of the Redlands Aikikai dojo and to follow explicitly all instruction given by instructors during the course of my training. I agree to watch out for others in the training area and while training on the mat to follow all rules posted and otherwise explained to me. Should I break any of these rules, I understand that it is the decision of Dr. Prakash whether or not I may continue training. I will abide by this decision.

Initials
12. By signing this agreement I am stating that I know what I am doing, that I take responsibility for my own acts, that I have read carefully and understand this agreement and that I am responsible for myself and will be considerate of others. I am aware that I may have the agreement reviewed by legal counsel.

Initials
13. I understand that this Release, consent and Assumption of Risk Statement is in effect from the moment I arrive until the moment I leave Redlands Aikikai, even if I am not training when something happens.

Initials
14. I have read and understood, and agree explicitly follow the Redlands Aikikai Blood and Body Fluid Borne Pathogen Policy which I attached and incorporated as if it is fully written out in the body thereof, to this Release, Consent and Assumption of Risk Statement.

Initials
15. If any portion of this agreement shall be held to be invalid, illegal or unenforceable to any extent and for any reason by any Court of competent jurisdiction, the remainder of this agreement shall not be affected and shall be enforceable to the full extent permitted by law.

Initials

I make this agreement on behalf of myself, he heirs, successors, executors, estate, and dependents. By signing this form I am asserting that I am years of age, and that I am an adult.

Participant's Name (If Minor, <i>Guardian's Name</i>) - printed	Participant's Signature (If Minor, <i>Guardian's Signature</i>)	Date
Address of Participant		
Witness's Name (printed)	Witness's Signature	Date

5 For Parents of Guardians of Minors

1. We the parents or legal guardian(s) consent to allow this minor individual to participate in Martial and Inner Arts Training at Redlands Aikikai, or at any other location at which Redlands Aikikai may be offering training. We will instruct the minor that he or she must inspect the facilities or equipment to be used, and if he or she believes anything to be unsafe, he or she will immediately advise the class instructor and will refuse to participate further in training.

Initials
2. We have read, understood, and initialed each of the foregoing paragraphs and intend to bind ourselves, the minor, and all heirs, successors, executors, the estate, and dependents of said minor, to the terms hereof.

Initials
3. We agree to hold Redlands Aikikai, Dr. Chetan Prakash and other instructors, agents, instructors, employees, and all individuals associated with Redlands Aikikai harmless from any action brought as a result of participation by this minor in any activity of Redlands Aikikai and promise to indemnify Redlands Aikikai and all releases for all liability and losses including attorney's fees occasioned by a claim by, on behalf of or on account of injuries or illness to said minor, and to fully indemnify all such losses.

Initials

Guardian's Name (printed)	Guardian's Signature	Date
Witness's Name (printed)	Witness's Signature (must be over 18)	Date