

ENSŌ AIKIDO MÉTROPOLITAIN

Complexe Sportif Claude-Robillard

1000 Avenue Émile-Journault, Montréal, QC H2M 2E7

REGISTRATION FORM

Name:	Last Name:	
Address:	City:	
Postal Code:	Province:	
Tel:	Phone Num. for Emergency:	
Email:	Date of Birth (YY/MM/DD)	
Occupation:		
Medical information:		
If you have already practiced aikido please complete the following.		
Your rank and date of obtaining:		
Sensei, dojo, federation:		

Discharge of responsibility

I, the undersigned, request to be admitted to Ensō Aikido Metropolitain School, hereinafter referred to as the School. I understand that the martial arts taught by the School require violent exercises, hand-to-hand combat and weapons handling. I understand and I certify that the School does not offer or take out insurance against injuries and damages to its members. In consideration of the privilege to be admitted to the School, to receive instruction and to use its facilities, I hereby assume all liability for any injury or damage that I may suffer or that I others may inflict on me during activities involving the School or its teaching, either together or separately, whether in class or at demonstrations, on or off the premises. I hereby indemnify and hold harmless the School, its directors, representatives, instructors and members and release them from any liability, claim or suit arising out of personal injury, damage or loss of any kind whatsoever, according to the law or equity, in relation to the activities mentioned above. I hereby agree and undertake on my behalf and on behalf of my successors and assigns never to prosecute, pursuant to article 1547 of the Civil Code, the School, its directors, representatives and members in relation to such claims, liabilities, injuries, damages or losses.

IN WITNESS WHEREOF, I have signed this document and declare that I have read it and fully understand its meaning.

Signature		Date / / /	
-	(Parent or guardian for a minor)	yyyy / mm /	dd

Space reserved for Ensō Aikido Metropolitan

Welcomed by: _____