

Enso Dojo LLC.

Student information and waiver

Name		Date	
Street Address		Date of Birth	
City, State Zip		Phone Number	
Email		Phone (Work)	
Occupation		Employer	
Parent/Guardian		Phone	

Waiver of Damage Claims

I understand that in all martial arts training there is the danger of possible bodily injury, and I participate in **Aikido** training voluntarily assuming that risk. In consideration for the instruction which I receive at **Enso Dojo**, I agree that in the event of my sustaining any injury which may result from participation in club activities, I will not bring suit against the **Aikido Hawaii International (AHI)**, **Enso Dojo LLC**, the **City of Bellevue**, its employees, instructors members, or guests. I further release its owners and instructors from any and all acts of negligence.

Furthermore, I thoroughly understand that the **Nebraska State Government** or **City of Bellevue** or **Sarpy County** is not responsible for the above **Aikido** activities, and that **Enso Dojo LLC** is merely using the **Bellevue Junior Sports Association** facilities.

(In the case of applicant who is a minor, the undersigned parent or guardian waves and releases all claims on behalf of applicant.)

Signature of Applicant: _____ Date: _____

Signature of Parent or
Guardian of Applicant: _____ Date: _____

In case of emergency, list name and phone number of person to call.

Name: _____ Phone: _____

List any physical restrictions below. If none, write "none".
