



# Chushinkan Dojo, Inc.

- I am a one-time visitor     I have registered for a Buena Park Recreation Class  
 I have registered for a Cypress Recreation Class     I have registered for a La Palma Recreation Class

COVID-19 has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and other precautions, and have, in many locations, prohibited the congregation of groups of people.

Chushinkan Dojo, Inc. (CDI) is complying with currently recommended guidelines and has put in place preventative measures to reduce the spread of COVID-19; however, CDI cannot guarantee that program participants, their families or associates will not become infected with COVID-19. Further, attending CDI classes could increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge that I understand the contagious nature of COVID-19 and voluntarily assume the risk that by attending CDI classes, I, my family members, and associates, may be exposed to or infected by COVID-19, and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at CDI classes may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CDI instructors, program participants, and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any infection or injury to myself, my family members, and associates, however caused, including, but not limited to personal illness, injury, disability, damage, loss, claim, liability, death or expense of any kind, that I, my family members, and associates may experience or incur in connection with attendance upon premises used by CDI, or while using its equipment at any location. On my behalf, and on behalf of my family members and associates, I hereby release, covenant not to sue, discharge, and hold harmless CDI, its instructors, officers, and members of and from Claims, including all liabilities, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes Claims based on the actions, omissions, or negligence of CDI, its instructors, officers, and members, and applies whether a COVID-19 infection occurs before, during or after participation in any CDI program.

I certify by my signature that I have read and understood this agreement in its entirety, and my questions regarding it have been fully answered. I understand that CDI documents activities and events involving classes and instruction. I give CDI permission to use any documentation, such as videotaping, photography, or film, in which my image is taken in whatever way CDI wishes. I understand that CDI is the sole owner of this documentation.

Please Print Clearly

Full Name:	Today's Date:
E-mail:	Date of Birth:
Address:	Phone:
	Alt. Phone:
Medical conditions that may limit your practice:	Previous martial arts:
Emergency contact name and phone:	Contact's relationship to you:
<input type="checkbox"/> I understand that training in aikido or iaido could result in physical injury or infection. <input type="checkbox"/> I have read and understood the Release of Liability, and the information I have given is complete and correct.	
Signed (parent or guardian if under 18): _____	