



## **Takemusu Aikido Society**

### **LIABILITY WAIVER**

Effective from 1 March 2025

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The Enrollee acknowledges that Aikido training involves physical contact, throws, joint locks, and other techniques that carry inherent risks of injury, including but not limited to bruises, sprains, fractures, or more serious injuries, including permanent disability or death. The Enrollee voluntarily assumes all risks associated with participation in this training.

The Enrollee agrees to indemnify, defend, and hold harmless the Instructor, assistants, fellow students, landlords, and any other affiliated parties from any claims, liabilities, damages, or expenses (including legal fees) arising from participation in the training, except in cases of gross negligence or intentional misconduct. Gross negligence or intentional misconduct refers to actions or omissions that demonstrate a reckless disregard for the safety of others or intentional harm. This release extends to any third parties present at classes or seminars and includes any landlord or leaseholder of any training facility in which the training is conducted.

The Enrollee acknowledges that the training environment may involve unpredictable factors, including but not limited to uneven surfaces, equipment, and the actions of other participants. The Enrollee agrees to remain vigilant and assume responsibility for their own safety at all times.

The Enrollee agrees to follow all instructions and safety guidelines provided by the Instructor and to notify the Instructor immediately if they feel unable to safely perform any technique or activity.

The Enrollee agrees not to participate in training while under the influence of alcohol, drugs, or any other substances that may impair their physical or mental abilities.

The Enrollee is responsible for ensuring that any personal equipment used during training is in good condition and safe for use. The Instructor is not liable for any injuries resulting from the use of faulty or unsafe equipment.

The Enrollee also agrees that the terms hereof shall serve as a release and assumption of risk for the Enrollee's heirs, executors, and administrators, and all members of the Enrollee's family, including minors. By signing this waiver, the parent or legal guardian acknowledges that they have read and understood the risks associated with Aikido training and agree to assume all responsibility for the minor's participation.

The Enrollee attests that they are in good physical condition and have consulted a physician if necessary to confirm their ability to participate in vigorous physical activity. The Enrollee assumes full responsibility for any medical conditions that may affect their participation and agrees to inform the Instructor of any changes to their health status that could impact their ability to train safely. It is strongly recommended that the Enrollee maintains medical insurance covering potential injuries due to physical activity.

The medical information collected in the attached medical questionnaire will be used solely to ensure the Enrollee's safe participation in training, retained only for as long as necessary, and accessed only by authorized personnel. This information will be kept confidential in accordance with applicable data protection laws.

In the event of an emergency, the Enrollee authorises the Instructor or their representatives to seek and obtain medical treatment on their behalf. The Enrollee agrees to bear all costs associated with such medical treatment.

## TAS – Liability Waiver

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The Enrollee consents to the use of their name, photographs, or likeness for promotional purposes, including but not limited to social media, websites, and printed materials. If the Enrollee does not wish to grant this consent, they must notify the Instructor in writing.

The Enrollee acknowledges that this waiver may be updated from time to time, and the most recent version will be uploaded to the Takemusu Aikido Society website. The Enrollee agrees that their continued participation in classes or training after the updated waiver is posted constitutes their acceptance of the revised terms. It is the Enrollee's responsibility to review the waiver periodically to stay informed of any changes.

In the event of a dispute arising from this waiver or participation in training, the parties agree to first attempt to resolve the matter through mediation. If mediation is unsuccessful, the dispute shall be resolved through binding arbitration in accordance with the laws of Ireland

This waiver shall be governed by and construed in accordance with the laws of Ireland. If any provision of this waiver is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

The Enrollee acknowledges that they have read this waiver in its entirety, fully understand its terms, and agree to be bound by them.

Print name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ M/F: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Enrollee's GP: \_\_\_\_\_

Previous Martial Art or Sports: \_\_\_\_\_

Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent or legal guardian must sign for all persons under 18 years of age



## Takemusu Aikido Society

### MEDICAL QUESTIONNAIRE

Please mark YES or NO to the following:

YES

NO

Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?		
Do you frequently have pain in your chest when you perform physical activity?		
Have you had chest pain when you were not doing physical activity?		
Do you lose your balance due to dizziness, or do you ever lose consciousness?		
Do you have any bone, joint, or other health problems that could be aggravated by physical activity?		
Are you pregnant now, or have you given birth within the last six months?		
Have you had a recent surgery or injury that could affect your ability to train?		
Do you have any chronic illnesses or conditions (e.g., asthma, diabetes, epilepsy) that could impact your participation?		
Do you take any medications that could affect your ability to exercise safely?		
Is there any other medical information you believe the Instructor should be aware of to ensure your safe participation?		

*The medical information provided in this questionnaire will be used solely to ensure the Enrollee's safe participation in training and will be kept confidential in accordance with applicable data protection laws.*

If you have marked YES to any of the above, or have other health concerns please elaborate below:

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Print name: \_\_\_\_\_

Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

\*Parent or legal guardian must sign for all persons under 18 years of age