**LIABILITY AND PHOTO/VIDEO RELEASE WAIVER**

**TWIN OAKS AIKIDO**

**READ THE FOLLOWING CAREFULLY**

**RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PHOTO/VIDEO RELEASE**

I understand that the practice of martial arts there requires physical exertion and contact and there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints, broken bones, transmission of infectious diseases and death (hereinafter “injuries”).

In accordance with the law, this dojo does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of the 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.

I understand that I may be training with someone who may be infected with diseases that can be transmitted by exchanges of blood, other bodily fluids. These diseases include but are not limited to HIV/AIDS and hepatitis.

I also understand that I may be exposed to individuals in the dojo that may have an infectious disease that may be spread by air borne transmission, respiratory droplets or person to person contact. These infectious diseases include but are not limited to the common cold, norovirus, flu virus and other respiratory diseases such as Covid 19 (SARS-CoV-2).

I agree to abide by generally accepted protocols for handwashing and for avoiding the transmission of infectious diseases including, but not limited to: staying home if I have a fever greater than 100.4 degrees or other symptoms including chills, sweats, difficulty breathing, new or worsening cough, whole body aches, nausea, vomiting or diarrhea.

As a condition to participating in martial arts classes and seminars at Twin Oaks Aikido, I assume the risk of all injuries including the transmission of infectious diseases and hereby hold Twin Oaks Aikido, LLC their instructors, agents, officers, and other students as well as the owner of the premises, and the Aikido Schools of Ueshiba, Inc. (ASU) harmless from any and all liability (including attorney’s fees and costs) for

(1) all claims, actions or damages due to injuries including infectious diseases suffered by me or caused by third parties to me arising out of activities involving Aikido, any other martial arts or physical activities occurring on the premises of the Twin Oaks Aikido, and Fit Athletic; and/or

(2) loss or damage to personal property brought into or left on the premises.

This Liability and Video Release Waiver shall be effective for any Twin Oaks Aikido classes held at the primary facility, outside or off site of the premises.

I understand that Aikido is an educational system. For the safety of myself and others, I will practice in a considerate and conscientious manner and strictly follow all rules of the dojo. Should I break any of these rules, I understand that it is the decision of the head instructor whether or not I may continue training. I will abide by their decision.

I further acknowledge that my Martial Arts Classes, seminars or other training events may be recorded by photo, video or by other means and I agree to being recorded in whatever format is being used and that Twin Oaks Aikido may use my image in any format for all legal purposes both commercially and non-commercially.

**I HAVE READ THIS LIABILITY AND VIDEO RELEASE WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WTHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

**Student/Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature (if minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_