AIKIDO DE LA MONTAGNE

3724 avenue du Parc, Montréal, P.Q. Canada H2X 2J1

REGISTRATION FORM

PLEASE PRINT

Aikido ☐

Iaido ☐

NAME _____   Given name _____

ADDRESS _____

Town _____   Zip code _____

TEL (_____) _____   Other (in case of emergency) _____

EMAIL _____   Subscription to our mailing list?   no ☐

OCCUPATION _____   Date of _____ / ____ / ____

(Full time student: specify Institution and current program)   birth   yyyy   mm   dd

How did you find us?   google ☐, facebook ☐, friend ☐
neighbourhood ☐,   other: _____

If you practiced Aikido or Iaido before, please state your rank _____ date of award _____

& useful information on Federation, Dojo, Senseï _____

Medical notifications: _____

Other:

Waiver

I, the undersigned, ask that I or the above mentioned child be admitted to "Aikido de la Montagne", hereafter called the School. I understand that the martial arts taught at the School include intense exercise, physical contact, and the handling of weapons. I understand and confirm that the School does not offer nor does it have insurance for injury or damage to its members. Being admitted into the School, receiving instruction, and using its facilities, I hereby assume all responsibility for injury or damage that might be incurred or that others might cause me or the above mentioned minor during the School's activities, its teaching, together or separate, whether on or off the School premises. I hereby hold immune and release the School, its directors, agents, instructors, and members of all responsibility, claims, or lawsuits relating to injury, damages, or losses, of whatever nature, under the law or in equity, relating to the abovementioned activities. I hereby consent and commit in my own name and in the name of my heirs and assigns, never to sue under article 1457 of the Civil Code of Québec, the School, its directors, agents, instructors or members in relation to such responsibilities, claims, injuries, damages or losses.

I, the undersigned, affirm that I have read and understood the meaning of this document.

Signature: _____ _____   Date: 202_ / _____ / ___

Please print name of parent signing for a minor   a   mm   jj