

AIKIDO OF HONOLULU

FAMILY NAME
INITIAL

Rev July 21, 2025

NON-MEMBER WAIVER AND RELEASE

426 LUAKINI STREET • HONOLULU • HAWAII 96817 • USA

PLEASE PRINT

Aikido of Honolulu asks that in consideration for allowing you to attend the events at 426 Luakini Street, Honolulu, Hawaii on _____, that you sign this document and by so doing waive and release any right which you may have to sue or hold Aikido of Honolulu, its directors, members, chief instructor, dojo instructors, guest instructors, their heirs, executors, administrators, successors, or assigns liable for and by reason of any and all injuries which may occur to you caused by negligence or any other reason, while on said premises.

I, _____, the undersigned, have carefully read this document and understand that in consideration and exchange for attending events on the premises of Aikido of Honolulu located at 426 Luakini Street, Honolulu, Hawaii on _____, I hereby waive and release any right which I may have to sue or hold Aikido of Honolulu, its directors, members, chief instructor, dojo instructors, guest instructors, their heirs, executors, administrators, successors, or assigns liable for any and all injuries which may occur to me caused by negligence or any other reason, while on said premises.

I understand that Aikido of Honolulu reserves the right at any time to refuse to admit anyone to said premises, and also the right to expel anyone who may have already been admitted to said premises.

I am in good health and do not have any medical condition which prevents me from practicing Aikido.

In case of emergency, I authorize treatment and/or care at any hospital at my expense.

In case of emergency call _____ Relationship _____

Phone _____ Doctor's Name & Phone _____

Non-Member Mailing Address (optional) _____

Phone (optional) _____ Email (optional) _____

Signed at Honolulu, Hawaii on _____

SIGNATURE

In case the person whose signature above is a minor under the age of 18, the undersigned parent(s) or guardian(s) hereby waive and release all rights and claims on behalf of the minor which the undersigned may have by reason of any and all injuries which may occur to the minor in the manner described above.

Signed at Honolulu, Hawaii on _____

SIGNATURE

☐ Check this box if you do not grant Aikido of Honolulu permission to use, reproduce, and publish your image and likeness on print and/or social media related to Aikido of Honolulu.

TO BE COMPLETED BY REGISTRAR

Received by _____ Signature / Initial _____ Date _____

PRINT REGISTRAR NAME