

SHIZEN TAI AIKIDO CLUB

(hereinafter referred to as "the Club")

INDEMNITY FORM

CONFIDENTIAL

STUDENT INFORMATION

SURNAME :	NICKNAME :
FULL NAMES :	
PHYSICAL ADDRESS :	
IDENTITY NUMBER OR DATE OF BIRTH :	
TEL. NO. (HOME) :	TEL.NO. (WORK) :
CELLULAR NO :	EMAIL :
OCCUPATION :	
CONTACT DETAIL OF CONTACT PERSON (in case of emergency) :	
TEL. NUMBERS OF CONTACT PERSON:	

INDEMNITY AGREEMENT

1. I understand that I have been accepted to train at the Club. I voluntarily participate in the activities of the Club. I understand the risks that I will be exposed to and that I am entitled to enquire about such risks prior to so participating. With this knowledge and subject to the further conditions as set out herein I agree to so participate.
2. I confirm that I have no physical, mental or emotional illness that could impair my training or that could increase my risk of injury of any form resulting from my training at the Club. I understand further that I am obliged to bring any such illness that may arise after my joining of the Club to the Club's attention prior to commencing further training.
3. I undertake to specifically conform to all rules and instructions, as may be determined from time to time by the Club and/or its instructors, relating to such training.
4. I understand that the techniques as taught by the Club are intended solely for training, self-improvement, self-defence and health purposes, and that these techniques are not to be used in a negative or aggressive manner against any person.
5. I undertake and agree hereby not to institute, or allow to be instituted, any claim or charge against the Club and/ or any of its senior management, instructors, students or the owner(s) or lessor(s) of the premises where training occurs for any illness, injury, permanent or temporary disability, death, any civil claim or property damage or loss resulting directly or indirectly from my participation or training in any of the activities or related activities of the Club, whether at the Club itself or anywhere else, and as a result of whatever reason for such damage as aforesaid. I agree that this agreement extends to and also binds my family members, heirs and legal representatives.

- 6. I acknowledge that I fully understand the rules and regulations of the Club, including such rules of etiquette as may be applicable, and that it is my responsibility to ensure that I will continue to keep myself updated and conversant with all future amendments and additions to such rules and regulations. I understand that my failure to comply with such rules and regulations could result in myself being barred from further training activities or even in the termination of my membership of the Club, and that such decision by the Club will be final and in the sole discretion of the management of the Club after consultation with myself. I agree that in the event of the termination of my membership I will not be entitled to a refund of any fees or monies that I have at such time already paid over to the Club.
- 7. I understand that I am responsible for the actions of any guests that I may invite to the training sessions of the Club, and that the Club holds me responsible for the courteous and responsible actions of such guests. I understand and acknowledge that the Club may in its sole discretion bar access to myself and/or such guest(s) if such acceptable behaviour is not forthcoming.

DATED AT _____ THIS _____ DAY OF _____ 20____.

I, _____ HEREBY DECLARE AND ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO ALL OF THE ABOVE TERMS AND CONDITIONS.

STUDENT:

FULL NAMES PRINTED:

SIGNATURE:

WITNESS:

FULL NAME OF WITNESS:

SIGNATURE:

SIGNATURE OF PARENT(S) / LEGAL GUARDIAN(S)

I/we certify that I am/we are the parent(s) or legal guardian of the above student, that I/we have read this entire document, have had an opportunity to ask questions or obtain advice and that we understand its terms and conditions, that I/we agree to such terms and conditions and hereby agree to be bound, together with the above student, to such terms and conditions.

PARENT/LEGAL GUARDIAN 1

PARENT/LEGAL GUARDIAN 2

SIGNATURE:

SIGNATURE:

FULL NAME:

FULL NAME:

ADDRESS:

ADDRESS:

TELEPHONE NUMBERS:
HOME: _____
WORK: _____
CELL: _____

TELEPHONE NUMBERS:
HOME: _____
WORK: _____
CELL: _____

COMMENTS BY PARENT(S) / LEGAL GUARDIAN(S) - if any

MEDICAL INFORMATION AND EMERGENCY TREATMENT DOCUMENT

The purpose of this part of the document is simply to assist the Club to try and provide appropriate medical assistance should you require it during class. The information herein provided is therefore of great importance and we encourage you to accurately complete the document. Please note that this document forms part of the general membership and indemnity form and is for information purposes only. None of the rights dealt with above are to be affected in any manner by this part of the document, and the Club and all its instructors and students place on record that no proficiency in medical assistance is claimed or implied, and none of the rights of the Club and/or any member are affected by this document. The information as requested in this part of the document is optional with the specific exception of any pre-existing medical

conditions which may have a bearing on the student's health during training, and the student, parent and/ or legal guardian may elect not to divulge such information. If such information is supplied same will be kept confidential.

PHYSICIAN'S NAME :	
PHYSICIAN'S OFFICE TEL. NUMBER :	
PHYSICIAN'S CELL NUMBER :	
MEDICAL AID DETAIL - Including provider, medical aid number and any relevant detail	
KNOWN ALLERGIES :	
MEDICATION TAKEN ON REGULAR BASIS AND REASON WHY :	
<u>PRE-EXISTING HEALTH CONDITIONS :</u> <u>COMPULSORY</u>	
ANY ADDITIONAL COMMENTS RELATIVE TO MEDICAL CONDITION :	

SIGNED BY STUDENT / PARENT(S) / LEGAL GUARDIAN(S)

DATE : _____

Notes to membership and indemnity document

- a. Please feel free to discuss this document or any portion thereof with the chief instructor or his delegated students.
- b. You are entitled to a copy of the agreement once it has been signed.
- c. Please initial all pages, and ensure that a witness also initials all pages.
- d. Please remember to keep us updated on any relevant changes, such as medical conditions, change of address / telephone numbers and so on.