



Aikido Center of Dover

BEAT Registration Form

(confidential)

Please PRINT CLEARLY BEAT Course date(s) _____

Full Name _____ ACD member? No Yes

Best Phone #s _____ Birth Date ____/____/____ Occupation _____

Address _____

email address _____

Previous Aikido experience? No Yes Dojo _____ Rank _____

Other martial art experience? No Yes _____

Currently in therapy? No Yes Type (if known) _____

How did you hear about us? Internet Friend/Relative Yellow Pages Other _____

What are you hoping to achieve through BEAT? _____

Any health issues? _____

Medications? _____

BEAT tuition is \$100.
Special rates and scholarships available

I, the undersigned applicant to the Aikido Center of Dover (hereinafter called ACD) understand and acknowledge that I am applying for instruction in Aikido, a martial art involving strenuous exercise and body contact.
As a condition to and in consideration of the privilege of my being admitted as a student to ACD, of receiving instruction in Aikido, and of receiving the permission of ACD to use its facilities, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries suffered by myself or caused by third parties to myself, arising out of participation in activities involving Aikido or ACD, whether classes, demonstrations, practices or any other use of the premises, facilities, or equipment of ACD whether occurring on the premises of ACD or at any other location.
I hereby release, indemnify and forever discharge and hold harmless ACD, its directors, employees, students, agents and servants from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with, any of the above-mentioned acts and activities.
I hereby agree and covenant for myself and my successor and assigns, never to sue, either at law or equity, ACD, its directors, employees, students, agents and servants, on account of any such claim, demands, liability, damage, injury, or loss.
IN WITNESS WHEREOF, I have set my hand and seal this document which I intend to be a legally binding document, on the day and year below written and understand it fully.

X _____
Signature

____/____/____
TODAY'S DATE