



**KANEOHE AIKIDO CLUB**  
 P.O. BOX 1173  
 KANEOHE, HAWAII 96744

**MEMBER EMERGENCY CONTACT AND WAIVER FORM – CALENDAR YR 2023**

Our insurance provider requires the KAC to maintain a member database, updated yearly. To keep the club files current, please complete this form and return by no later than 1 Feb 2023, mahalo nui loa!

NAME \_\_\_\_\_ DATE OF BIRTH (MINORS ONLY)\* \_\_\_\_\_  
 \* (For your child's safety, the minimum age to enroll in the Kaneohe Aikido Club is 5 years of age)  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 OCCUPATION/SCHOOL OR GRADE \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CEL PH/PAGER \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_ HOME COMPUTER: PC \_\_\_ MAC \_\_\_ NONE \_\_\_

**FOR MEMBERS LESS THAN 18 YEARS OF AGE PLEASE COMPLETE THE FOLLOWING:**

PARENT(S) OR GUARDIAN(S) NAME \_\_\_\_\_  
 ALTERNATE POINT OF CONTACT-NAME/RELATIONSHIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CEL PH/PAGER \_\_\_\_\_

**PLEASE LIST ANY PRE-EXISTING MEDICAL CONDITIONS:**

\_\_\_\_ Recent Infection    \_\_\_\_ Asthma    \_\_\_\_ Seizures    \_\_\_\_ Allergies \_\_\_\_\_  
 \_\_\_\_ Other pre-existing medical condition(s)-please describe \_\_\_\_\_  
 \_\_\_\_ Currently taking medication(s) for \_\_\_\_\_  
 STUDENT'S PEDIATRICIAN/TELEPHONE NUMBER \_\_\_\_\_

**MEMBERS WAIVER AND RELEASE:**

In consideration of being allowed to participate in any aikido-related training/instructional sessions, classes, seminars, demonstrations sponsored and/or hosted by Yuishinkai Aikido and/or the Kaneohe Aikido Club, and any related events and activities, and intending to be legally bound, the undersigned: 1). Agrees not to teach Aikido Yuishinkai to any other individual(s) or student(s) without written express permission from the Chief Instructor, Kaneohe Aikido Club, Inc. 2). Understands that during KAC training activities, promotions, demonstrations, etc., there may be photographers or videographers present, and may take photograph(s) and/or video recording these activities. These still/video images may be used in the promotion of the KAC, including having photos posted on the KAC website. A minor whose image appears on the KAC website, newsletters or other promotional material(s) WILL NOT be identified by name. For members who are uncomfortable having their picture taken should inform the photographer(s) and also step out of the camera's view. 3). Acknowledge and fully understand that each participant will be engaging in activities that may involve risk of serious injury, including permanent disability and even death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the action, inaction or negligence of others. Further, that there may be other risks not known, or reasonably foreseeable at this time. 4). Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death. 5). Release, waive, discharge and covenant not to sue Yuishinkai Aikido and/or the Kaneohe Aikido Club, its respective administrators, club officers, directors, agents, instructors and other volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of whom are hereinafter referred to as "releases", from any and all liability to each of the undersigned, their heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, AND SIGN IT VOLUNTARILY.

\_\_\_\_\_  
 Signature of Member/Adult or Parent/Guardian

\_\_\_\_\_  
 Date signed/submitted