**LIABILITY AND VIDEO RELEASE WAIVER**

 **NORTH FLORIDA SCHOOL OF AIKIDO**

**READ THE FOLLOWING CAREFULLY**

**RELEASE OF LIABILITY, ASSUMPTION OF RISK AND VIDEO RELEASE**

I understand that in the practice of martial arts there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints, broken bones, transmission of infectious diseases and death (herein after injuries).

In accordance with the law, this dojo does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of the other students in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to myself or others, and I acknowledge that it is my responsibility to act accordingly.

I understand that I may be training with someone who may be infected with diseases that can be transmitted by exchanges of blood, other bodily fluids. These diseases include but are not limited to HIV/AIDS and hepatitis. I acknowledged that I have read and will follow the dojo's procedures for dealing with injuries to myself and others that present opportunities for exposure to blood or body fluids. (see attached Blood Borne Pathogen Policy).

I also understand that I may be exposed to individuals in the dojo that may have an infectious disease that may be spread by air borne transmission, respiratory droplets or person to person contact. These infectious diseases include but are not limited to the common cold, norovirus, flu virus and other respiratory diseases such as Covid 19 (SARS-CoV-2).

I have read the dojo’s policy on handwashing and other protocols for avoiding the transmission of infectious diseases including not working out if I have a fever greater than 100.4 degrees or other symptoms including chills, sweats, difficulty breathing, new or worsening cough, whole body aches, vomiting or diarrhea (see attached Hygiene Protocol form).

As a condition to participating in martial arts classes and seminars at the North Florida School of Aikido, I assume the risk of all injuries including the transmission of infectious diseases and hereby hold North Florida School of Aikido, their instructors, agents, officers, and other students as well as the owner of the premises, and the Aikido Schools of Ueshiba, Inc. (ASU) harmless from any and all liability (including attorney’s fees and costs) for (1) all claims, actions or damages due to injuries including infectious diseases suffered by me or caused by third parties to me arising out of activities involving Aikido, any other martial arts or physical activities occurring on the premises of the North Florida School of Aikido, Inc., 1535-1 Capital Circle NW, Tallahassee, Florida; and/or (2) loss or damage to personal property brought into or left on the premises. This Liability and Video Release Waiver shall be effective for any North Florida School of Aikido classes held outside or off site of the premises.

I understand that Aikido is an educational system. For the safety of myself and others, I will practice in a considerate and conscientious manner and strictly follow all rules of the dojo. Should I break any of these rules, I understand that it is the decision of the head instructor whether or not I may continue training. I will abide by their decision.

I further acknowledge that this event may be recorded by video or by other means and I agree to being recorded in whatever format is being used and that North Florida School of Aikido may use my image in any format for all legal purposes both commercially and non-commercially.

**I HAVE READ THIS LIABILITY AND VIDEO RELEASE WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WTHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

 **Student/Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature (if minor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**