

Minnehaha Kendo Dojo

Waiver and Information Form

For and in consideration of my participation in Kendo training and all other activities of the Minnehaha Kendo Dojo, I, for myself, my executors, administrators and assignees do hereby release and agree not to sue the Minnehaha Kendo Dojo, its officers, instructors and administrators; fellow participants; other third party organizations including but not limited to sponsors and those allowing the use of their premises for Minnehaha Kendo Dojo activities, jointly and/or severally, and save and hold them harmless from and against any and all actions, claims, liabilities, loss, damage, expense of whatever nature, including attorney fees, which may at any time be incurred by reason of my participation in Minnehaha Kendo Dojo sponsored activities.

I verify that I have full knowledge of the risks involved in training in Kendo including the potential for injury and/or accidental death due to over-exertion or equipment failure. I understand that Kendo is a rigorous physical activity and I attest that I am physically fit.

Printed name of participant

Signature of participant

Date

Date of Birth

Parent's signature (if under 18)

Date

Present Kendo Rank

Ranking Organization

Address

City

State

Zip

Phone

E-Mail Address

Emergency Contact

Phone