



# WORLD AIKIDO AIKIKAI INC.

## Application for Individual Membership (Through WAAI Affiliated Dojo Only)

Please PRINT

Name \_\_\_\_\_  
Last First Initial

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Citizenship \_\_\_\_\_ Occupation \_\_\_\_\_ Date Started Aikido \_\_\_\_\_  
Month/Year

Date of Birth \_\_\_\_\_ Sex:  Male  Female

Dojo \_\_\_\_\_ Instructor \_\_\_\_\_

Current Grade (if any) \_\_\_\_\_  Kyu  Dan Date Grade Registered \_\_\_\_\_  
Month/Year

Name of Examiner \_\_\_\_\_

### CONSENT AGREEMENT

I, the undersigned, acknowledge that I am applying for membership to participate in programs offered by the World Aikido Aikikai Inc., and for instruction in a martial art involving strenuous exercise and personal bodily contact. I understand that there is always an inherent risk of injury that cannot be eliminated. As a condition of my admission as a member to the World Aikido Aikikai Inc., I knowingly assume all the risk of all injuries, and intending to be legally bound, do hereby release the World Aikido Aikikai Inc., its Board, officers, instructors, members agents, and its affiliates, harmless from any and all liability, including attorney and cost for all claims, actions, or damages due to injuries suffered by me or caused to third parties by me, arising out of activities involving Aikido, or any other activity, whether occurring on the premises of the World Aikido Aikikai Inc. or elsewhere. I also hereby agree to abide to the Bylaws of the World Aikido Aikikai Inc.

For WAAI Official Use Only:

Member # \_\_\_\_\_

I hereby apply for WAAI membership, I certify that I have read, understand and knowingly consent to the waiver, and in doing so, I agree to all stated there in.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date