

**Registration and Release Form**  
**Mitsugi Saotome Shihan Seminar, Aikido of Missoula, September 24-26, 2010**

Please read both sides of this registration and release form carefully. Each participant must complete a separate registration form and waiver, and both sides must be signed and dated. For more forms, please xerox, 2-sided copy on a single sheet.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Work phone \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of birth \_\_\_\_\_

*Please send this form and your \$110.00 check made payable to Aikido of Missoula to:  
Aikido of Missoula, P.O. Box 8633, Missoula, MT 59807*

\_\_\_\_ I would like to request housing with a dojo member for the seminar: \_\_\_\_ Friday night \_\_\_\_ Saturday night  
Please make any housing requests by September 17 and plan on bringing a sleeping bag.

**RELEASE, CONSENT AND ASSUMPTION OF RISK STATEMENT**

1. I acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I have been advised not to attempt any skill level in training or any other activity of which I am not fully capable. If I have any question about my ability to safely engage in Aikido training or any other activity, I understand it is my responsibility to consult a physician. I realize the study of Aikido requires proper conditioning and training.
2. I fully understand that:
  - a. There are risks and dangers associated with Aikido training including but not limited to bodily injury, communicable diseases, partial or total disability, paralysis and death. In accordance with the law, Aikido of Missoula, Inc. does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of 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.  
  
In particular, I understand that some students may be infected with diseases such as HIV/AIDS or Hepatitis-B which can be transmitted by exchanges of blood or other body fluids and that I may be training with them. I acknowledge that I have read and will explicitly follow the Aikido of Missoula, Inc. Blood- and Body Fluid-Borne Pathogen Policy, a copy of which is incorporated in this Release, Consent and Assumption of Risk Statement;
  - b. There are social and economic losses and damages which could result from those risks and dangers described above which could be severe;
  - c. These risks and dangers may be caused by my negligence, the negligence of my training partner, or the negligence of others around me who are training or doing any other activity, or by the negligence of Aikido of Missoula, Inc. or agents or instructors of Aikido of Missoula, Inc.;
  - d. There may be other risks not known or foreseeable at this time which could arise.
3. I expressly and voluntarily assume all risks of injury, illness or death sustained while participating in the Aikido of Missoula, Inc. 2010 Seminar with Mitsugi Saotome Shihan, or while participating in or observing any activities of Aikido of Missoula, Inc.
4. I accept and assume all such risk and responsibility for all losses and damages following any such injury, illness, disability, paralysis or death, however caused or alleged to be caused.
5. I release Aikido of Missoula, Inc., its agents, employees, instructors, guest instructors, other participants and all individuals associated with Aikido of Missoula, Inc., the owners or lessees of the premises and Union Hall Company including its officers, directors, agents and employees (hereinafter referred to as 'the released parties') from any and all liability, claims, demands or actions whatsoever arising out of the damage, loss or injury to me while upon the premises of Aikido of Missoula, Inc. or while participating in Aikido training or any other activities contemplated by this agreement.
6. I agree that this Release, Consent and Assumption of Risk Statement covers each and every time that I train or otherwise participate in any activity sponsored by Aikido of Missoula, Inc., its agents, employees or instructors, whether on the premises of Aikido of Missoula, Inc. or at any other location.
7. I agree to indemnify and hold harmless the released parties from all claims, judgments and costs, including attorney's fees, incurred in connection with any action brought as a result of my participation in this seminar or any other activity of Aikido of Missoula, Inc.
8. I understand that Aikido is an educational system. I agree to strictly abide by the training rules of Aikido of Missoula, Inc. and to follow explicitly all instructions given by instructors during the course of my training. I agree to watch out for others in the training area and while training on the mat and to follow all the rules posted and otherwise explained to me. Should I break any of these rules, I understand that it is the decision of the chief instructor whether or not I may continue training. I will abide by that decision.
9. I have read and understood and agree to explicitly follow the Aikido of Missoula, Inc. Blood- and Body Fluid-Borne Pathogen Policy which is attached and incorporated as if it is fully written out in the body thereof to this Release, Consent and Assumption of Risk Statement.
10. If any portion of this agreement shall be held to be invalid, illegal or unenforceable to any extent and for any reason by any Court of competent jurisdiction, the remainder of this agreement shall not be affected thereby and shall be enforceable to the full extent permitted by law.
11. I make this agreement on behalf of myself, my heirs, successors, executors, estate and dependents and it is binding on them.

In signing this agreement I am stating that I am over 18 years of age, that I know what I am doing, that I take responsibility for my own acts, that I have read carefully and understand this agreement and that I fully agree with each statement contained in this agreement, and that I am responsible for myself. I am aware that I may have the agreement reviewed by legal counsel.

\_\_\_\_\_  
PARTICIPANT'S NAME (printed)

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

(continued on reverse side)

## FOR PARENTS OR GUARDIANS OF MINORS\*

We the parents or legal guardian(s) of the above minor applicant consent to allow this minor individual to participate in the Aikido of Missoula, Inc. 2010 Saotome Shihan Seminar at Aikido of Missoula or at any other location at which Aikido of Missoula, Inc. may offer training or other seminar activities.

We have read and understood each of the foregoing paragraphs and intend to bind ourselves, the minor, and all heirs, successors, executors, the estate, and dependents of said minor, to the terms hereof.

We agree to hold Aikido of Missoula, Inc., its agents, instructors, guest instructors, employees and all individuals associated with Aikido of Missoula, Inc. harmless from any action brought as a result of participation by this minor in any activity of Aikido of Missoula, Inc., and promise to indemnify Aikido of Missoula, Inc. and all releases for all liability and losses including attorney's fees occasioned by a claim by, on behalf of or on account of injuries or illness to said minor, and to fully indemnify all such losses.

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PARENT OR GUARDIAN (printed/relationship)

PARENT OR GUARDIAN'S SIGNATURE

DATE

\*Note: Registrants must be at least 18 years of age unless special arrangements have been made prior to registering.

### AIKIDO OF MISSOULA, INC. BLOOD- AND BODY FLUID-BORNE PATHOGEN POLICY

To protect members of Aikido of Missoula, Inc., seminar participants and visitors against the risk of disease, Aikido of Missoula, Inc. has adopted the following policy intended to minimize the risk of transmission of HIV, Hepatitis-B and other blood- and body fluid-borne pathogens during Aikido training and related activities. Current available medical evidence suggests that the risk of transmission of HIV during the type of body contact that occurs in Aikido training is slight. Organizations such as the NCAA, the National Academy of Pediatrics Committee on Sports Medicine and the U.S. Olympic Committee have concluded that persons infected with blood- and body fluid-borne pathogens, particularly HIV, should not be barred from participating in contact sports. Federal and state anti-discrimination laws also prohibit such a ban. These organizations have concluded that the already slight risk of transmission of HIV and other blood- and body fluid-borne diseases can be further reduced by adoption of the Centers for Disease Control-recommended "universal precautions" with regard to exposed body fluids.

Aikido of Missoula, Inc. will observe these "universal precautions" as modified for Aikido training. Generally, this means that instructors and all persons training in this dojo or at any other location where training activities are taking place shall treat all exposed bodily fluids as if they are infected. Specifically, the following measures will be observed at all times:

#### 1. PREPARATIONS FOR TRAINING

The most frequent points of contact between training partners are the hands. Other exposed parts of the body subject to particular risk of cuts and abrasions are the feet and the area about the face and neck. For these reasons the following procedures shall be observed prior to participating in Aikido training:

- Inspect the exposed parts of your body to ensure that there are no breaks in your skin such as abrasions, open cuts or sores.
- Inspect your hands and feet to ensure that fingernails and toenails are trimmed and smooth in order not to be a cause of cuts.
- Inspect your keiko gi. Do not enter the training mat wearing a keiko gi which is blood- or body fluid-stained.
- If you have any open cuts or sores, you will clean them with a suitable antiseptic and cover them securely with a leakproof dressing before coming on the training mat. You will make sure they stay covered while you are training. If your hands or feet have broken skin, suitable taping, gloves or *tabi* will be worn to cover these areas.
- If you notice that someone else has an open cut or sore you will immediately advise him or her of the fact and *cease training* with the individual until the appropriate covering is in place. If a person does not immediately remedy the situation, immediately notify a yudansha (black belt) member or instructor of Aikido of Missoula, Inc.

#### 2. PROCEDURE FOR WOUNDS INCURRED DURING TRAINING

A person with a wound that becomes uncovered, open, or is bleeding during training shall immediately stop training and leave the mat until the bleeding stops and the wound is securely covered as described above. Immediate measures shall be taken to stop the bleeding. If the injured person needs assistance with this procedure, each person so assisting shall wear a pair of latex gloves, which are available at the dojo first aid area. All used gloves and bloody cloths or dressings will be placed in a leakproof plastic bag provided for that purpose, and properly disposed of. Hands shall be washed with soap and water immediately after gloves are removed. Minor blood stains on keiko gis will be treated with a disinfectant solution available at the dojo first aid area. If there are major blood stains or soiling, the keiko gi shall be removed immediately and placed in a leak-proof container until it can be laundered or disposed of.

#### 3. PROCEDURES FOR CONTACT WITH ANOTHER'S BLOOD

If you come into contact with the blood of another person, make an immediate attempt to locate and alert the individual who is the source of the bleeding, then leave the mat and wash the exposed area thoroughly with soap and water. Blood on keiko gis shall be treated as in Procedure 2, above.

#### 4. PROCEDURES FOR BLOOD ON THE MAT

If blood becomes present on the mat during training, the partner of the person bleeding will ensure that other students training do not come into contact with the blood. The blood, regardless of amount, will be cleaned up immediately by wiping down the exposed surface thoroughly with the two kinds of disinfectant solution provided for that purpose. First, spray the blood spot with the hydrogen peroxide solution and let it foam. Wipe off the foamed blood with a paper towel. Repeat this procedure until blood is no longer visible. Second, spray the spot with the disinfectant bleach solution. Then cover the treated areas completely with wide pieces of tape, also available at the dojo first aid area. Each person assisting in this task shall wear latex gloves, available at the dojo first aid area, and shall dispose of the gloves and cloths used for cleanup in the manner described in Procedure 2, above. Upon completion of the cleanup, each assisting person shall wash his or her hands with soap and water immediately after gloves are removed.

#### 5. RESPONSIBILITY FOR HEALTH AND SAFETY

There are diseases and illnesses other than those known to be transmitted through blood and body fluids. You are reminded that you are responsible for not only your own health and safety, but also for the health and safety of your training partners. If you know or suspect that you have any illness which might affect or infect others, or which might impair your ability to train safely, you have the obligation to refrain from training until you are not a risk to others.

I have read, understood, and will comply with each and every part of this Policy.

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NAME (printed)

SIGNATURE

DATE

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PARENT OR GUARDIAN (printed/relationship)

PARENT OR GUARDIAN'S SIGNATURE

DATE