



Bujinkan Taka Seigi Dojo South Africa



BUJINKAN TAKA SEIGI DOJO SOUTH AFRICA RELEASE OF LIABILITY FORM	
REQUEST FOR PARTICIPATION	Initial
I wish to participate in the training opportunity presented by the Bujinkan Taka Seigi Dojo South Africa (BTSDSA). The BTSDSA , all their staff, agents, representatives, owners, operators, or persons in charge of any such establishments or organizations, or their agents, servants or employees shall be referred to as the Sponsors .	
PHYSICAL & EMOTIONAL FITNESS	Initial
I herby represent that I am physically and emotionally fit to engage in martial arts instructional training. I also acknowledge that the Sponsors are under no obligation to require me to prove my degree of health or fitness.	
INJURY WAIVER	Initial
I hereby acknowledge that I understand that the training will include vigorous physical movement on my part, on the part of my training partners, others, with and without training equipment, it will involve bodily contact with training partners, others and/or training equipment, and it will expose me to the risk of bodily injury. I give full consent to such contact and activity. I further acknowledge that by entering into training, I will be exposed to the risk of personal injury arising out of possible negligence, unavoidable accident, or otherwise, due to the very nature of the training being taught. I knowingly and willingly assume all risk of injury or other damage involved in or associated with such training and activities, and hereby waive any and all claims whatsoever that I or anyone else on my behalf may or could make with respect to such injury or damages.	
WITHDRAWEL FROM TRAINING	Initial
I hereby acknowledge that I fully realize that during training I will always and at all times have the option to withdrawing from participation of any exercise or technique, and that it is my personal responsibility to decide which exercise or technique I will participate in.	
INAPPROPRIATE BEHAVIOUR	Initial
If my conduct; actions; or statements, while participating in or attending training are determined to be inappropriate to the safety and well-being of other participants; or instructors, I understand and agree that I will immediately be asked to leave the training and all claims by myself or anyone acting on my behalf for monies paid for participation in training are forfeit. I understand and agree that I, and not the Sponsors will not be held liable for any injuries; damages etc... caused by or resulting from my negligence. I covenant not to sue and waiver and release the Sponsors from any responsibility for personal injury caused to, or by me.	
Agreement	Initial
I agree for myself and my successors, that the above representations are contractually binding and are not mere recitals, and that should I or my successors asset my claim in contravention of this agreement, I or my successors shall be liable for the expenses (including, but not limited to, legal fees) incurred by the other party or parties in such a claim. This agreement may not be modified orally. A waiver of any provision of this agreement shall not be construed as a modification of any other provision, or as consent to any other subsequent waiver.	
APPLICANT	Signature
APPLICANTS FULL NAME & SURNAME:	
APPLICANTS IDENTITY NUMBER:	
<i>If under the age of 18 years old then your guardian must fill in the details below as well.</i>	
GAURDIAN	Signature
GAURDIANS FULL NAME & SURNAME:	
GAURDIANS IDENTITY NUMBER:	

info@bujinkan-budo.com

武神館

www.bujinkan-budo.com