

AGREEMENT AND RELEASE FROM LIABILITY
For Participation in 2023 World MJER Iaido Federation iaido seminar in Alameda, CA
Please email completed form to alameda.iaido@gmail.com

1. **Voluntary Participation.** I, _____, acknowledge that I have voluntarily applied, or have voluntarily allowed my child _____ to apply, to participate in June 16 – 18, 2023 World MJER Iaido Federation iaido seminar in Alameda, CA.
2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN IAIDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND IN RARE INSTANCES, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____.
3. **Release.** As consideration for being permitted by Alameda Unified School District (AUSD) and World MJER Iaido Federation to participate in this seminar and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of Alameda Unified School District (AUSD), World MJER Iaido Federation, Genwakan (Alameda Iaido) Dojo, any of their instructors, visiting Sensei, employees, agents, members, seminar organizers, and volunteers on account of injury, damage, or death resulting from negligence or other acts however caused, by any instructors, visiting Sensei, employees, agents, members, seminar organizers, and volunteers of AUSD, World MJER Iaido Federation, and Genwakan (Alameda Iaido) Dojo as a result of my, or my child's, participation in this iaido seminar. I hereby release AUSD, World MJER Iaido Federation, Genwakan (Alameda Iaido) Dojo, all of their instructors, visiting Sensei, employees, agents, members, seminar organizers, and volunteers from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage, or death resulting from my, or my child's, participation in this iaido seminar.
4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ALAMEDA UNIFIED SCHOOL DISTRICT, WORLD MJER IAIDO FEDERATION, GENWAKAN (ALAMEDA IAIDO) DOJO, AND ME, AND SIGN IT OF MY OWN FREE WILL.

Date _____

Signature of participant, or, if participant is a minor,
signature of participant's parent or legal guardian.

_____ Print
name

PARTICIPANT INFORMATION

Name: _____ Phone: _____

Address: _____ Email: _____

_____ Birth Date: _____

Age: _____ Gender: M F

Health concerns? No Yes _____

Emergency contact: _____

(Required)	Name	Phone #	Relationship
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