

## Hold Harmless Agreement & Waiver of Liability for Aikido Seminar

Instructor: Mark Larson  
Host: Aikido Bismarck, Bismarck, ND

Saturday July 13 thru Sunday July 14, 2019

In consideration of the sponsorship of this Aikido Seminar by Aikido Bismarck; And in further consideration of my participation in this Aikido Seminar; I hereby release and hold harmless Aikido Bismarck, its directors, and volunteers, Lloyd and Kathy Krein (property owners), Minnesota Aiki Shuren Dojo and its members, as well as Mark Larson, instructor for above named event, for any personal injuries I may sustain as a result of my participation in the activities associated with this Aikido Seminar.

I recognize that the practice of Aikido shares the hazards of any martial art or other strenuous physical activity and I hereby agree to assume all risk of injury and loss that may arise as a result of participating in this activity, and further agree to hold: Aikido Bismarck, its directors, and volunteers, Lloyd and Kathy Krein, Minnesota Aiki Shuren Dojo and its members, as well as Mark Larson, harmless for any injury or loss that arises as a direct or indirect result of any act or omission of any third party.

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

If the participant is under eighteen years of age, a parent or legal guardian must sign below. As parent/legal guardian of \_\_\_\_\_, I hereby sign this Hold Harmless Agreement on behalf of my son/daughter/ward.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Best way to contact you during your stay in Bismarck:

(cell/text/email) \_\_\_\_\_

Contact Information in the Event of an Emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Medical Insurance Information:

Name of your insurance  
provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_