



Chicago Aikikai

Visitor Form

General And COVID Waiver

I, the undersigned, acknowledge that I am visiting a seminar for the practice of Aikido, which is a practice I have received instruction in. I understand it involves strenuous exercise and personal body contact (whether conducted in a dojo, in electronic format or in another location). I UNDERSTAND THAT BECAUSE OF THIS THERE IS ALWAYS AN INHERENT RISK OF INJURY AND DISEASE TRANSMISSION THAT CANNOT BE ELIMINATED. SUCH INJURIES INCLUDE, BUT ARE NOT LIMITED TO, FAINING, PULLED MUSCLES, DISLOCATED JOINTS, BROKEN BONES, MONKEY POX, COVID-19 AND OTHER VIRUSES OR CONDITIONS COMMUNICATED THROUGH TOUCH OR BREATHING. In accordance with the law, the dojo 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 but reserves the right to refuse training if there is an apparent medically recognized threat to health or safety such as an apparent fever or cold and pursuant to its Current Safety and Hygiene Requirements to Train, including requirements to provide proof of COVID vaccination. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to others or I; 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 COVID-19 (SARS-CoV-2), the common cold, norovirus, flu virus, HIV/AIDS and Hepatitis that can be transmitted by air borne transmission, respiratory droplets, person to person contact, exchange of blood or other bodily fluids and that I may be training with them. I acknowledge that I will follow and waive any legal right to challenge the dojo's procedures for safety and hygiene and for dealing with injuries to myself and others, including those that present opportunities for exposure to touch, breathing, blood or body fluids. I acknowledge that I have read and will follow the dojo's procedures for dealing with injuries to myself and others that present opportunities for exposure to blood or body fluids (including the attached Blood-Borne Pathogen Policy).

DOJO SAFETY AND HYGIENE REQUIREMENTS TO TRAIN

I hereby agree to abide by any Current Safety and Hygiene Requirements issued now or in the future by the dojo (see current attached Current Safety and Hygiene Requirements, which may be changed at any time by posting in the dojo and/or email distribution to the dojo email list).

I hereby warrant that I am in good physical and mental condition and that I have no conditions, allergies, ailments, impairments or other physical or mental conditions that prevent me from safely participating in Aikido.

I acknowledge that neither Chicago Aikikai nor its affiliated organization, Aikido Schools of Ueshiba, carries any insurance against injury to any students. AS A CONDITION TO BEING ADMITTED TO THE DOJO AND EACH CLASS, I (ON BEHALF OF MY FAMILY AND ALL HEIRS, ASSIGNS AND PERSONS CLAIMING THROUGH ME) ASSUME THE RISK OF ALL INJURIES (INCLUDING COVID-19, MONKEYPOX AND THEIR VARIANTS) AND DO HEREBY INDEMNIFY AND HOLD THE ILLINOIS AIKIDO CLUB, OPERATING AS CHICAGO AIKIKAI, AIKIDO SCHOOLS OF UESHIBA AND THEIR VOLUNTEER INSTRUCTORS, OFFICERS, AGENTS REPRESENTATIVES, AND EMPLOYEES HARMLESS FROM ANY AND ALL LIABILITY (INCLUDING ATTORNEY'S FEES AND COSTS) RELATED TO OR ARISING FROM (1) ALLEGED OR ACTUAL INJURIES INCLUDING INFECTIOUS DISEASES SUFFERED BY ME OR OTHERS IN CONTACT WITH ME OR CAUSED BY THIRD PARTIES TO ME ARISING OUT OF ACTIVITIES INVOLVING AIKIDO, ANY OTHER MARTIAL ARTS OR PHYSICAL ACTIVITIES OCCURRING AT THE DOJO OR OTHER LOCATIONS WHERE CHICAGO AIKIKAI PRACTICES; AND/OR (2) LOSS OR DAMAGE TO PERSONAL PROPERTY BROUGHT INTO OR LEFT ON THE PREMISES OR OTHERWISE OCCURRING DURING CLASS. I ACKNOWLEDGE THAT THE VOLUNTEER INSTRUCTORS ARE PROTECTED BY THE VOLUNTEER PROTECTION ACT OF 1997 AND OTHER LAWS.

I understand that Aikido is an educational system and for the benefit of the education and training, and for the safety of the other members and myself, I will strictly follow the Rules of the Dojo and the Rules of Training as outlined in the ASU Training Handbook and all hygiene, safety and disease policies and procedures distributed to the dojo. I also hereby agree to abide by the by-laws of the Chicago Aikikai. Should I not abide by or fully uphold any of the rules, policies or by-laws, I understand that it is the decision of the Chief Instructor whether or not I may continue training. I will abide by this decision.

Photo / Video / Consent

In consideration of being granted entry to the dojo, I irrevocably grant to Chicago Aikikai, and to any photographer or videographer taking images on behalf of Chicago Aikikai the right to use my image and class recordings in all forms and media, including composite or modified representations for purposes including, but not limited to, advertising, promotion, publicity, or fundraising for Chicago Aikikai, and for presentation of that photographer or videographer's work, throughout the world and in perpetuity. I waive the right to inspect or approve versions of my image used for publication, and waive the right to inspect or approve the written copy that may be used in connection with the images. I release Chicago Aikikai and each individual photographer or videographer taking images at or on behalf of Chicago Aikikai, from any claims that may arise regarding the use of my image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright. Chicago Aikikai will seek verbal permission to use any individual's name in connection with the images described above and once so granted such permission shall be included in the terms of this waiver. This waiver will extend to participation in any online classes which involve name and image. I acknowledge and consent to the recording of online classes. I have read this liability and video release waiver, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

Usage of Provided Information and Data

I hereby give permission and consent for Chicago Aikikai to retain in electronic or paper format the information (personal or otherwise) provided on this form and any monthly billing information, whether or not personally identifiable, for its internal record keeping purposes, emergency notification and related matters and to use my email address for purposes of Chicago Aikikai and related event announcements. I acknowledge that Chicago Aikikai may store such information in accordance with any privacy policy or reasonable procedure subsequently adopted.

Legal Agreement

I HAVE READ AND UNDERSTOOD THE CONTENTS OF THIS WAIVER AND AGREEMENT AND RECOGNIZING AND ACCEPTING THE RISKS, I VOLUNTARILY CHOOSE TO TAKE PART IN AIKIDO AT CHICAGO AIKIKAI.

Name _____

Address _____

City, State and Zip _____

Cell Phone _____

Email _____

Signature and Date _____

ONLY If the participant is under 18:

I, the undersigned, as parent or guardian of the above applicant, certify that I have read the above contract and I consent to the participant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Under 18 Parent or Guardian:

Signature and Date

CURRENT SAFETY AND HYGIENE REQUIREMENTS (COVID, Monkey-Pox, Blood Blood-Borne Pathogens)

- Anyone with a fever, chills, cough, shortness of breath, sore throat, loss of smell or taste, diarrhea, muscle aches, or headache should not train.
- Proof of vaccination against Covid 19 and any required booster shots may be required to train.
- If someone in the household has or is suspected of having COVID 19, a student should quarantine for 14 days from the last exposure to the COVID 19 positive individual in the home before returning to train.
- All people entering the dojo should wash their hands thoroughly with soap and water for at least 20 seconds before and after class.
- Other Current hygiene protocols may be posted based upon new information from the CDC or the state and local governments.
- If you have any open cuts or sores, you must clean them with a suitable antiseptic and cover them securely with a leak proof dressing before coming onto the mat. Make sure they stay covered while you are training. If your hands or feet have broken skin, suitable gloves or tabi may be worn to cover these areas. If you notice that someone else has an open cut or sore, remind her or him of this obligation before training with that person.
- If a bleeding wound, even a minor one, occurs during training, the person bleeding shall immediately stop training and leave the mat until the bleeding stops and the wound is securely covered. Immediate measures shall be taken to stop the bleeding. If the person needs assistance with the wound, each person assisting shall wear a pair of gloves which are available in the dojo first aid kit). Hands shall be washed with soap and hot water immediately after gloves are removed. All used gloves, and bloody rags or dressings will be placed in a leak proof plastic bag provided for that purpose, and disposed of carefully. Minor bloodstains or gi's should be treated with a disinfectant solution provided for this purpose. If there are major bloodstains, the gi shall be removed as soon as practicable placed into a leak-proof container and handled carefully until it can be laundered or disposed of.
- If you come into contact with the blood of another, you shall immediately stop training, leave the mat, and wash the exposed area thoroughly with soap and hot water before returning.
- If blood is present on the mat, the training partner of the person bleeding should insure that no one inadvertently comes in contact with the blood. The blood should be cleaned up as soon as possible by wiping down the exposed surface with a disinfectant solution provided for that purpose. Each person assisting in this task shall put on a pair of gloves and shall wash their hands with soap and hot water after the gloves are removed. Blood rags and used gloves shall be disposed of as set out above.
- **Finally, there are other diseases and illnesses aside from COVID, Monkey-Pox and those known to be transmitted through blood. You are reminded that you are responsible for not only your own health and safety, but the health and safety of others with whom you train. If you know or suspect that you have any illness or disease which might infect others, refrain from training until you are not a risk to others.**

I have read and understood this policy and understand that I will be bound by future such requirements if they are released or updated by the Dojo.

Initial and Date