



# THE AIKIDO OHANA: APPLICATION FOR MEMBERSHIP

THE AIKIDO OHANA  
HIGASHI HONGWANJI MISSION OF HAWAII  
1685 ALANEO STREET  
HONOLULU HI 96817-291

Name:  Date of Birth:  Adult | Child (under 18)

Address:

Home Phone:  Daytime Phone:

Cell Phone:  E-mail address:

Name of Employer:  Phone Number:

Address:

Medical Insurance:

Member Number:  Policy Number:

Doctor's Name:  Phone Number:

## Physical limitations, special medical conditions, allergies:

Emergency Contact:  Relationship:

Phone Number 1:  Phone Number 2:

Parent or Guardian's Name (under 18 only):

Phone Number 1:  Phone Number 2:

## Release and Waiver of Liability:

In consideration of acceptance as a student to learn the martial art of Aikido, I hereby for myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages that I might or could have against The Aikido Ohana (TAO) and Higashi Hongwanji Mission, their agents, representatives, successors, or assigns, for or by reason of any and all injuries and/or physical disabilities suffered by me at any time as a result of or during Aikido practice or events in which I may participate. **As a condition of membership, I must carry and maintain my own health and accident insurance.** (In the case of an applicant who is a minor, the undersigned parent/guardian waives and releases all claims on behalf of the applicant and represents that the minor is covered by appropriate health insurance.) As long as I am a member of The Aikido Ohana, I agree not to teach Aikido without proper certification from The Aikido Ohana. I hereby grant permission to be photographed, voluntarily and without compensation, by The Aikido Ohana or its agents, understanding that the same is intended for publication by print media, newspaper, television, video, motion picture or electronic publication on the Internet.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_