

Japanese Swordsmanship Society

Nippon Budo Sogo Dojo, Inc. · <http://ny-jss.org> · info@ny-jss.org
Nichibukan Iaido · Nichibukan Naginata · NY/NJ Kyudo Club

Member's Waiver of Claim

This agreement is entered into by a participant in the activities of the JAPANESE SWORDSMANSHIP SOCIETY/NIPPON BUDO SOGO DOJO, INC. and the JAPANESE SWORDSMANSHIP SOCIETY/NIPPON BUDO SOGO DOJO, INC. All provisions of this agreement granting protection to the JAPANESE SWRORMANSHIP SOCIETY/NIPPON BUDO SOGO DOJO, INC. shall also extend to any members acting in the capacity of officers or instructors of the JAPANESE SWORDSMANSHIP SOCIETY/NIPPON BUDO SOGO DOJO, INC.

I, _____, the undersigned Member or as parent or guardian of the member, give my consent for myself or my son/daughter to participate in Martial Arts Classes, Seminars, Tournaments (including sparring in armor) or Demonstrations as a Member of the Society, and/or the United States Naginata Federation and one of its Regional Naginata Federations, and/or as a Member of the All United States Kendo Federation and one of its Regional Kendo Federations. Kyudo as well. I understand that Martial Arts including Naginata, Iaido, Jodo and Kyudo involve physical activity and sparring involves physical contact from witch injuries may occur. I waive any claims for negligence, physical injury and or damages against the acknowledges that he or she is aware of the danger of physical injury necessarily attendant upon his or her engaging in the athletic activities o the Society, and/or the United States Naginata Federation and one of its Regional Naginata Federations, and/or the International Kyudo federation, and/or as a member of the All United States Kendo Federation and one of its Regional Kendo Federations and any school, University, organization, or facility from which these organizations rent practice facilities, and hereby assume the risk for any illness or injury by the Member during the practice of Naginata, Iaido, Jodo and/or Kyudo. In case of medical emergency, I understand that every effort will be made to contact my family or me. In the event, I am not reachable, I understand that the participant will be treated at the nearest health services facility available, and I hereby authorize emergency treatment for any injury to myself, or my child. To the best of my knowledge, I am or my son/daughter are in good health. I understand that in the event that I, or my son/daughter does not comply with any dojo rules, I/he/she may be immediately asked to leave the ongoing activity.

And, the member agrees that in engaging in such athletic activities he or she does so at his or her own risk. And, that he or she fully assumes all responsibility for any injury or damages which he or she sustains as a result of engaging in such athletic activities. The member fully releases and absolves the Society and its officers and instructors from any liability or responsibilities and waives any claims or right to claim against the Society and its officers and instructors arising from or connected with any injuries or damages resulting from the member's Engaging in any physical activities in the Society. This release and waiver shall apply whether or not any such physical injury is sustained while the member is actually participation in the physical activity or is anywhere within the vicinity wherein such activity is being conducted, the risk assumed herein applying to the entire area in or about the conduct or such activity, regardless of physical location. Moreover, the Society and its officers and instructors shall not otherwise be liable for injury or damage to person or property except as shall otherwise be specifically provided by law when such a provision as this shall exist. The intent herein and the agreement of the parties hereto is to exonerate the Society and its officers and instructors so far as shall be permissible by law, from any liability.

Member name _____
(Please print clearly)

Parent or guardian _____
(If member is under 18)

Signature _____
Date _____

Signature _____

JSS use only

Membership # _____ Instructor initials _____ Date _____