

**North Georgia School of Aikido, LLC**

**PARTICIPANT RELEASE AND WAIVER OF LIABILITY**

I, the undersigned, wish to participate in the North Georgia School of Aikido, LLC, program. In consideration of this participation, I understand and agree to the following provisions:

- A. This sport/activity which I desire to play could lead to my injury, disability or death. This could result from the normal play of the activity, my own action, the action of other players or the conditions of the practice.
- B. The sport/activity is to be played within the rules and any intentional act to injure another player, or spectator, is **not** condoned, encouraged or permitted by the Habersham County Parks and Recreation Department or North Georgia School of Aikido, LLC.
- C. If I see unsafe conditions concerning the mat, floor or equipment, I will immediately report it to management, or an instructor.

I understand fully the above provisions and agree on behalf of myself, my family, my estate and heirs to release, waive, and hold harmless, Habersham County, Habersham County Parks and Recreation Department, Stephen Rohrabacher and North Georgia School of Aikido, LLC, their successors and assigns or affiliates, other participants, directors, managers, and guest instructors from any and all legal claims or liability relating to personal injury or death to me or my property, as a result of my participation in the activities associated with the program.

I understand, have read and agree to the above provisions as a condition of my participation.

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Signature

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Date

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Parent or Guardian if participant is under 18 years of age.