

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

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

Saturday June 5th thru Sunday June 6th, 2021

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, Kim & Jazz Leingang (property owners), Minnesota Aiki Shuren Dojo and its members, as well as Mark Larson, instructor for above named event, for any personal injuries or infectious disease 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, Kim & Jazz Leingang, 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 (optional):

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

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