

AUSKF Junior Team USA Liability Waiver Form

EACH statement MUST be initialed and signed by the participant or legal guardian. In the event the participant is under the age of 18, a **Parent/Guardian** MUST initial and sign on behalf of their behalf.

In consideration of participating in the Junior Team USA Program and Training Camps, the receipt and sufficiency of which are hereby acknowledged, and the willingness to participate in the AUSKF Junior Team USA training and practices, the undersigned (or the Parent/Guardian on behalf of the participant), for myself, my heirs, personal representatives or assigns, hereby agrees to the following:

_____ Acknowledge & fully understand that the participant is voluntarily participating in activities that involve risk of injury (including major injuries or death) which may result from their own actions, inactions or negligence, as well as the actions, inactions, or negligence of others, the rules of play, the conditions of the premises or any other affiliated circumstances. This includes any risks not reasonably foreseeable to AUSKF.

_____ **Acknowledge and recognize that participation in the training regimen involves extreme physical contact and strenuous cardiovascular stress, and to recognize, assume and accept all the inherent risks related to participation in such training activities, including the risk of personal injury, death, property damage or loss.** Such risks include, but are not limited to, injury resulting from physical exertion or movement, injury resulting from a physical strike, thrust or contact with a shinai (bamboo sword) or other equipment used in kendo, any physical contact with any other participant (including any manager(s), coach(s), instructors, teammates, competitors or any other member of AUSKF), injuries resulting from dehydration, exhaustion, heat stroke, concussions, heart failure, stroke or other injury related to strenuous cardiovascular stress or physical contact (including myocardial infarction and sudden cardiac death), and any physical, mental or emotional stress or stress-induced injuries related thereto. The participant hereby recognizes, accepts and assumes all the foregoing risks & accepts personal responsibility for any damages or cost of expenses following any such injury.

_____ Unconditionally release, waive, & covenant not to sue AUSKF, or any of its officers, directors, administrators, agents, manager(s), coach(s), trainers, team doctors, instructors, teammates, competitors and/or volunteers of AUSKF, any sponsoring agencies, sponsors, advertisers or supporters of AUSKF (the "Indemnified Parties") from any and all claims, causes of action, injuries, damages or costs of expenses that the participant may now and in the future have against the Indemnified Parties, including claims, causes of action, injuries, damages or costs of expenses resulting from the risks set forth above and/or the participation in any AUSKF official or unofficial activities, events, practices, or competitions.

_____ To authorize the manager, coaches or trainer of AUSKF, any on-site volunteer medical/first aid staff, or any other individual present at the scene of any injury to the participant, to provide appropriate medical treatment to the participant. If an emergency transport is deemed necessary, the participant authorizes the same to summon an ambulance to transport the participant to the hospital. The participant requests & authorizes Shuntaro Shinada, M.D., or any other physician, athletic trainer, technician, first aid personnel, nurse, dentist or other individual, to perform any diagnostic, treatment, or operative procedures, & x-rays for the participant. The participant recognizes that he/she has not been given any guarantee as to the results of such examination or treatment, and shall accept total responsibility for any and all medical costs of the participant. The undersigned hereby unconditionally releases, waives, & covenants not to sue Shuntaro Shinada, M.D., from any and all claims, causes of action, injuries, damages or costs of expenses that the participant may now and in the future have against Shuntaro Shinada, M.D., including claims, causes of action, injuries, damages or costs of expenses resulting from any medical treatment, diagnosis or opinion provided by Shuntaro Shinada, M.D. in connection with any of the activities described herein.

Participant's Name

Participant's Signature

Date

Parent/Guardian Name (under 18 years old)

Parent / Guardian Signature

Date