



| PARTICIPANT INFORMATION                |                                     |                |   |                                    |                                  |
|--|-------------------------------------|----------------|---|------------------------------------|----------------------------------|
| Last Name                              |                                     | First          |   | Sex                                | Age                              |
| Street Address                         |                                     |                |   | Apartment/Unit #                   |                                  |
| City                                   |                                     | State          |   | ZIP                                |                                  |
| Phone                                  |                                     | E-mail Address |   |                                    |                                  |
| Status:                                | <input type="checkbox"/> New member |                | <input type="checkbox"/> Returning member |                                    | <input type="checkbox"/> Visitor |
| How did you find us?                   | <input type="checkbox"/> Friend     |                | <input type="checkbox"/> Yellow pages     |                                    | <input type="checkbox"/> Walk-in |
|  | <input type="checkbox"/> NO         |                | <input type="checkbox"/> YES              |                                    | If yes, prior dojo               |
| If yes, Aikido Rank                    |                                     | Date of Rank   |   | Training days since last promotion |                                  |
| Other martial arts experience and rank |                                     |                |   |                                    |                                  |

| EMERGENCY CONTACT INFORMATION |              |                  |
|-------------------------------|--------------|------------------|
| Name                          |              |                  |
| Street Address                |              | Apartment/Unit # |
| City                          | State        | ZIP              |
| Phone                         | Relationship |                  |

| LIABILITY AGREEMENT AND RELEASE   |  |      |
|---|--|------|
| <p>This agreement is between _____ and Budo Dojo, LLC, their officers, instructors, staff, and employees (collectively known as Budo Dojo).</p> <p>In consideration for enrollment in any of Budo Dojo's Aikido classes, I agree with the following statements:</p> <p>I am aware that Aikido involves strenuous physical activities and personal body contact, and that I will be participating in martial art training which can be physically harmful and/or emotionally stressful. Initial: _____</p> <p>I am voluntarily participating in Aikido training with full knowledge of the dangers involved and I agree to accept any and all risks of injury. Initial: _____</p> <p>If I have a disability, illness, pregnancy, or am currently seeing a psychological or physical therapist, I promise to consult with my physician or therapist before participating in Aikido training. Initial: _____</p> <p>I agree that I, my heirs, legal representatives, and any other related party will not make a claim against Budo Dojo for any injury or damage resulting from my participation in Aikido training, and will release and discharge Budo Dojo from all claims and demands arising from injury or damage to me caused by my participation in Aikido training. Initial: _____</p> <p>I have carefully read this agreement and I fully understand its contents. I am aware that this release of liability is a contract between Budo Dojo and myself and sign it of my own free will. Initial: _____</p> |  |      |
| Signature of Participant  |  | Date |
| Signature of Parent or guardian, if participant is a minor  |  | Date |

# BUDO DOJO, LLC

## Blood- and Body Fluid-borne Pathogen Policy

### POLICY AND PROCEDURES

To protect Budo Dojo against the risk of disease, Budo Dojo has adopted the following policy intended to minimize the risk of transmission of HIV, hepatitis-B, and other blood- and body fluid-borne pathogens during aikido training. Current available evidence suggests that the risk of transmission of HIV during the type of body contact that occurs in aikido training is slight. Organizations such as the NCAA, the National Academy of Pediatrics Committee on Sports Medicine and the U.S. Olympic committee have concluded that persons infected with blood- and body fluid-borne pathogens, particularly HIV, should not be barred from participating in contact sports. Certain federal and state anti-discrimination laws may also prohibit such a ban. These organizations have concluded that the already slight risk of transmission of HIV and other blood- and body fluid-borne diseases can be further reduced by adoption of the Centers for Disease Control recommended "universal precautions" with regard to exposed body fluids.

Budo Dojo observes these "universal precautions" as modified for aikido training. Generally, this means that instructors and all persons training at Budo Dojo shall treat all exposed bodily fluids as if they are infected. Specifically, the following measures will be observed at all times:

#### 1. Preparation for Training

The most frequent points of contact between training partners are the hands. Other exposed parts of the body subject to particular risk of cuts and abrasions are the feet and the area about the face and neck. For these reasons, the following procedures must be observed.

- You will inspect the exposed parts of your body prior to participating in aikido training to ensure that there are no breaks in your skin such as abrasions, open cuts, or sores.
- You will inspect your hands and feet to ensure that fingernails and toenails are trimmed and smooth in order not to be a cause of cuts.
- You will wear a freshly laundered uniform to the first class that you attend each day.
- You will never enter the training mat wearing a uniform that is blood or body fluid stained to any degree whatsoever.

If you have any open cuts or sores, you will clean them with a suitable antiseptic and cover them securely with a leak proof dressing before coming on the training mat. You will make sure they stay covered while you are training. If your hands or feet have broken skin, suitable taping, gloves or tabi will be worn to cover these areas. If you notice someone else has an open cut or sore you will immediately advise him or her of the fact and cease training with the individual until the appropriate covering is in place. If a person does not immediately remedy the situation, you will immediately notify the class instructor.

#### 2. Procedures for Wounds Incurred During Training

If a wound becomes uncovered, open, or is bleeding even to a minor extent during training, the person bleeding shall immediately stop training and leave the mat until the bleeding stops and the wound is securely covered as described below. Immediate measures shall be taken to stop the bleeding. If the injured person needs assistance with this procedure, each person so assisting shall wear a pair of latex (or other hypoallergenic non-latex) gloves (which are available in the training area first aid kit). All used gloves and bloody cloths or dressings will be placed in a leak proof plastic bag provided for that purpose, and disposed of carefully. Hands shall be washed with soap and hot water immediately after gloves are removed. Minor bloodstains on dogi will be treated with a disinfectant solution available at either of the dojo first aid tables. If there are major bloodstains or soiling, the dogi shall be removed immediately, placed in a leak proof container, and handled carefully until it can be laundered or disposed of.

#### 3. Procedures for Contact with Another's Blood

If you come into contact with the blood of another, make an immediate attempt to locate and alert the individual who is the source of the bleeding, leave the mat, and follow Procedure 2. above.

#### 4. Procedures for Blood on the Mat

If blood becomes present on the mat during training, the partner of the person bleeding will ensure that other students training do not come into contact with the blood. The blood, regardless of amount, will be cleaned up immediately by wiping down the exposed surface with the disinfectant solution provided for that purpose. Each person assisting in this task shall wear latex gloves (available at the training area First Aid stations) and shall dispose of the gloves and cloths used for cleanup in the manner described in Procedure 2. above. Upon completion of the cleanup, each assisting person shall wash his or her hands with soap and hot water immediately after gloves are removed.

#### 5. Responsibility for Health and Safety on the Mat

There are diseases and illnesses other than those known to be transmitted through blood and body fluids. You are reminded that you are responsible for not only your own health and safety, but also the health and safety of your training partners. If you know or suspect that you have any illness which might affect or infect others, or which might impair your ability to train safely, you have the obligation to refrain from training until you are not a risk to others.

|  |  |      |  |
|--|--|------|--|
| Signature of Participant                                   |  | Date |  |
| Signature of Parent or guardian, if participant is a minor |  | Date |  |