## MINDFULNESS CLASSES AT AIKIDO OF SAN DIEGO—REGISTRATION & WAIVER

Please read and complete the following:	
Name	
Address	
Phone	Email
110110	
and emotional discomfort. I and unpleasantness. Part of	ness training it is possible to experience and feel mental, physical, understand there may be moments where I experience vulnerability the training is to appropriately care for ourselves in these moments. onsible for caring for myself in ways that are appropriate.
	fulness training is not intended to replace medical or psychological cerns or questions regarding my unpleasantness or discomfort, I will
my concerns, or questions reappropriate treatment. I assiparticipating in mindfulness physical health, and safety.	bility, I understand it is my responsibility to let the teacher know of egarding my experience of class, and when necessary to seek out ume all risk of any physical, emotional, and mental consequences of classes. I take full responsibility for my wellbeing, mental and I understand that the mindfulness teacher may recommend I in the mindfulness class. This is not personal; it is to support my
experience. I hereby agree to	for not exceeding my limits and for any injury or discomfort I might o irrevocable release and hold harmless the instructor, Dave ity, Aikido of San Diego, or agents on behalf of Aikido of San Diego.
I acknowledge that I have rebelow.	and understand this document thoroughly prior to my signing
Signature	Date