



JAPAN KARATE ASSOCIATION WORLD FEDERATION OF CANADA

Dojo: **Japan Karate Association of Calgary**

Federation Region : **Alberta**

Registration #:

Last Name: _____ First Name: _____

Address: _____

City: _____ Prov. _____ Postal code: _____

Res Tel: _____ Bus: Tel: _____

Birth date: D: M: Y: M / F

Rank :	KYU	SHODAN	NIDAN	SANDAN	YONDAN	GODAN	ROKUDAN
Date:							

Health Record:

If you have any handicap and/or illness (physical and/or mental) please specify:

Release and Waiver

IN CONSIDERATION of the above named ("Dojo") accepting my application as a member and my registration as a member of the above names (Federation Region) and the Japan Karate Association World Federation of Canada ("JKA WF Canada"), I hereby for myself, my heirs, executors, administrators and assigns release and forever discharge the Dojo, Federation Region, JKA WF Canada and any member dojo registered with JKA WF Canada (Member Dojo) and their respective instructors, guest instructors, directors, officers, executive member, employees, agents and servants and their respective heirs, executors, administrators, or property incurred while attending at or participating in any classes, courses, tournaments or events, wherever located, including traveling to or from the event, conducted by the Dojo, Federation Region, JKA WF Canada and any member dojo, or arising from any knowledge, skill, or karate technique or exercise which I have learned or have been taught in connection with my participation in any classes, courses, tournament, or event, notwithstanding any such loss, injury or damage which may have arisen by reason of the negligence of the Dojo, Federation Region, JKA WF Canada and any member dojo and their respective instructors, guest instructors, directors, officers, executive member, employees, agents and servants. I further agree to indemnify the Dojo, Federation Region, JKA WF Canada and any member dojo and their respective instructors, guest instructors, directors, officers, executive member, employees, agents and servants from any claims and demands which might be made against the Dojo, Federation Region, JKA WF Canada and any member dojo arising out of or in consequence of my attendance or participation in the said classes, courses, tournament or event or from my knowledge of any karate technique or exercise.

I FURTHER state that I am in proper physical condition to participate in the practice of karate and am aware that participation could result in physical injury.

Dated this ____ - Day of _____ Signature of applicant _____

Guardian

The undersigned is the parent or legal guardian of the above described member and hereby agrees and consents to the attendance or participation by the member in any classes, courses, tournament or event conducted by the Dojo, Federation Region, JKA WF Canada and any member dojo subject to the release and waiver.

Signature of Parent/Guardian(if applicant is under the age of 18 years of age)