



INTERNATIONAL SHOTOKAN KARATE FEDERATION OF CANADA

MEMBERSHIP REGISTRATION YEAR 2009

DOJO: Charleswood Karate

REGISTRATION NO:

FEDERATION REGION: WESTERN CANADA (PROVINCE) MANITOBA

LAST NAME:

FIRST NAME:

STREET:

CITY:

PROV:

BIRTH DATE: D: M: Y:

MALE/FEMALE: AGE:

POSTAL CODE:

RES. TEL: 2 0 4 - -

BUS. TEL: 2 0 4 - -

E-MAIL ADDRESS:

RANK: DATE: KYU SHODAN NIDAN SANDAN YONDAN GODAN ROKUDAN

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 named ("Federation Region") and the International Shotokan Karate Federation of Canada ("ISKF of Canada"), I hereby for myself, my heirs, executors, administrators and assigns release and forever discharge the Dojo, Federation Region, ISKF of Canada and any member dojo registered with ISKF of Canada (Member Dojo) and their respective instructors, guest instructors, directors, officers, executive member, employees, agents and servants and their respective heirs, executors, administrators, successors and assigns from any claims, demands, damages, actions or causes of actions arising out of or in consequences of any loss, injury or damage to my person 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, ISKF of Canada, or 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, ISKF Canada or any member dojo and their respective instructors, guest instructors, directors, officers, executive members, employees, agents and servants. I further agree to indemnify the Dojo, Federation Region, ISKF Canada and any member dojo and their respective instructors, guest instructors, directors, officers, executive members, employees, agents and servants from any claims and demands which might be made against the Dojo, Federation Region, ISKF Canada or 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 20 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, ISKF of Canada and any member dojo subject to the release and waiver.

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