

Covina Kendo Dojo 2019 REGISTRATION FORM

DATE: _____

New: _____ Renewal: _____

AUSKF ID#: _____

PART 1:

First Name: _____ Last Name: _____ Kanji (if any): _____

Date of Birth: _____ Height (ft. in.): _____ Weight (lbs): _____ Age: _____ Rank (if any): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Health Insurance: _____ Policy or Group #: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

PART 2:

If the above is a minor, please fill out the following information for the parent or guardian:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Relationship: _____

AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I, _____, acknowledge that I have voluntarily applied, or have voluntarily allowed my child _____ to apply, to participate in kendo instruction and training at a dojo or club which is affiliated with the All United States Kendo Federation (hereinafter, any and all affiliated dojos or clubs are referred to as "AUSKF").
(print name)
(print child's name)

2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN KENDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND, IN RARE INSTANCES, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____.

3. **Release.** As consideration for being permitted by AUSKF to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of AUSKF on account of injury, damage, or death resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of AUSKF as a result of my, or my child's, participation in kendo. I hereby release AUSKF from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage or death resulting from my, or my child's, participation in kendo.

4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN AUSKF AND ME AND SIGN IT OF MY OWN FREE WILL.

Executed on [date] _____ at [city] _____, [state] _____.

*Signature of participant or, if participant is a minor,
signature of participant's parent or guardian*

Print name

DECLARATION OF WITNESS

I certify that _____ [above participant/parent of participant] acknowledged in my presence that he/she read and fully understood the meaning and consequences of the above release, and signed it in my presence.

Executed on [date] _____ at [city] _____, [state] _____.

Signature of witness

Print name



COVINA KENDO DOJO ANNUAL RELEASE OF LIABILITY FORM

I am aware that Kendo is a hazardous activity. I am voluntarily participating in or having my minor child participate in these events with knowledge of the danger involved, and hereby agrees to accept any and all risks of injury or death, and verify this statement by signing below.

As consideration for being permitted by the center or one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree on behalf of myself, my minor child, assignees, heirs, guardians, and legal representatives that I will not make a claim against, sue, or attach the property of the center or any of its affiliated organizations for death, injury to person or damage to property resulting from the negligence or other acts, howsoever causes, by any employee, agent, or contractor of the center or any of its affiliated organizations as a result of any participation or that of my minor child in the activities described hereby release the center and any of its affiliated organizations from all actions, claims, or demands that I, my minor child, assignees, heirs, guardians, and legal representatives now have or may hereafter have for death, injury, or damage resulting from participation in the activities described herein.

As consideration for being permitted to participate in the activities of the Covina Kendo Dojo, I hereby agree on behalf of myself, my minor child, assignees, heirs, guardians, and legal representatives that I will not make a claim against, sue or attach the property of the dojo or any of this affiliated organizations, including but not limited to Southern California Kendo Federation and the All United States Kendo Federation for death, injury to person or damage to property resulting from the negligence or other acts, howsoever causes, by any employee, agent, or contractor of the dojo or any of its affiliated organizations as a result of any participation or that of my minor child in the activities described hereby release the dojo and any of its affiliated organizations from all actions, claims or demands that I, my minor child, assignees, heirs, guardians, and legal representatives now have or may hereafter have for death, injury, or damage resulting from participation in the activities described herein.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the center, dojo, and its affiliated organizations and signed it of my own free will.

Executed at West Covina, Los Angeles County, California on this ____ day of _____, _____.

Participant's Name: _____

Participant's Signature: _____
Or Parent's Or Guardian's If Minor

Witness' Name: _____

Witness' Signature: _____



Covina Kendo Dojo

I have read and understand all the preceding information on membership fees, Dojo fee, equipment, Toban duties, fundraising, and agree with everything written.

Member's Name

Member's Signature

If you are under 18 years old

Parent or Guardian's Name

Parent or Guardian's Signature

Date

* Please sign and return to the treasurer or secretary.