



Grand River Karate Corporation Friendship Learning

Registration form for Membership (Print Cleary- 2 pages)

Check the program you are participating in Kids Class Parents Class Teen/Adult Class

Participants Name: Last _____ First _____

Address: _____

City _____ Postal _____

Home Phone () _____ - _____ Work () _____ - _____

Date of Birth: Year _____ Month _____ Day _____

If you would like us to email you information (registration dates, cancellations, special classes and seminars, etc.) please provide your email address. We will not forward your email address to any other email list.

Email Address _____

In Emergency, call: _____ Relationship _____

Home Phone (same) () _____ - _____ Work () _____ - _____

OHIP Number _____ (in case of hospital treatment)

Do you wear a **Medic Alert** bracelet? **No** **Yes for:** _____

Please list any relevant physical problems, allergies, medications required or other health-related issues which the Sensei and Instructors need to be aware of for your benefit:

I, the undersigned, authorize the Participant named above to apply for membership in Grand River Karate Inc (hereinafter known as the Club) in order to participate in all activities and events conducted by the Club and to use its facilities, equipment and training materials. I certify the above information is accurate and correct. I acknowledge that all First Aid services provided by the Club, in good faith, shall be provided in accordance with the Ontario Good Samaritan Act and that the Club shall not administer any medication to the Participant.

Upon acceptance as a member, the Participant agrees to abide by the rules and regulations of the Club in order to be a Member in good standing. I further accept the completed Waiver of Indemnity is a portion of the application for membership.

Signature of Applicant (parent/guardian if under 18)

Printed Name if Parent/Guardian

Date:

Grand River Karate: *Release of Claims and Waiver of Liability*

- **You must read and understand this Waiver prior to signing.**
- **By signing this document you are giving up certain legal rights.**

I acknowledge that there are physical risks associated with all recreational activities, including martial arts training, seminars, activities and tournaments, wherever held. I understand that the physical risks associated with learning and practicing the martial arts with Grand River Karate include:

- Injuries resulting from executing physical techniques in the martial arts
- Injuries resulting from physical contact with the instructors, agents and/or other participants
- Injuries resulting from using or contact with practice equipment
- Injuries resulting from falling or being thrown to the floor
- Injuries resulting from wearing jewelry, body piercing, contact lenses and/or glasses
- Injuries resulting from attending classes or events, including travel to and from the location.

I understand that membership with Grand River Karate Inc (hereinafter known as the Club) may be subject to termination in the case where the participant violates the rules and policies in force as approved by the Directors.

In consideration for authorizing this waiver, I do hereby, for the named participant, his/her heirs, executors and administrators, waive and release any and all rights, claims and forever discharge the Club, its Directors, Officers and Agents, and their heirs, executors and administrators, holding them blameless for or by reason of participating in activities organized by the Club or of using its facilities and equipment, including but without being limited to any claims for personal injuries or damages including those resulting or arising out of the negligence or breach of an implied term of any contract with the Club, or its Directors, Officers or Agents.

In authorizing this waiver, I confirm that I am 18 years of age or older. If the participant is a minor (less than 18 years old), this also certifies that I am either the legal Parent or Guardian.

I do certify that this waiver shall remain in force until such time as I revoke this waiver in writing, except when the participant is a minor, when this waiver shall expire on the participant's 18th birthday.

I confirm that I have read this agreement before signing and that I understand it. I agree that the laws of the Province of Ontario govern this contract and that any legal concerns will be handled and interpreted by the competent and fair courts in the Region of Waterloo, Ontario, Canada.

Printed Name of Participant

Signature of Participant or Parent/Guardian

Printed Name of Parent/Guardian

Year Month Day

Relationship of Parent/Guardian

Signature of Witness

Printed Name of Witness