



## Toronto Kyokushinkai Karate and Kickboxing Membership Agreement

## **Member Information:**

Name:	Age:
er, we are inclusive and respect all)	Геl:
Unit	Number:
Province: Post	al Code:
Date of Birth (MM/DD/YYY	Y):
oore Under 18 vears	
	÷ #·
Conditions and/or illnesses? Yes	□ No □
day 7:10 PM, Kumite Friday 7:15 PM, Sa	aturday 11:45 AM
\$15 per class inclusive	
\$240 for 3 months inclusive	
\$95 / month inclusive	
ns inclusive	
ns inclusive 7 - 12 year old class	
	Province: Posta Date of Birth (MM/DD/YYY  Pers Under 18 years Phone: Phone: Emergency Phone Conditions and/or illnesses? Yes  day 7:10 PM, Kumite Friday 7:15 PM, Sa \$15 per class inclusive \$240 for 3 months inclusive





## PARTICIPANT RELEASE OF LIABILITY AND TERMS OF MEMBERSHIP

Date (MM/DD/YYY):	Participants Name:
In consideration of being allowed to particular undersigned acknowledge, appreciate an	cipate in any way in the program, related events and activities, I the d agree that,
	olved (karate and or Kickboxing) is/are significant, including the th, and while particular rules, equipment and personal discipline may still does exist and,
	E ALL SUCH RISKS, both known and unknown, EVEN IF ARISING EASE of others, and assume full responsibility for my participation;
RELEASE, INDEMNIFY, AND HOLD HA participants, and/or other lessors of prem "RELEASEES' WITH RESPECT TO ANY	assigns, personal representatives and next of kin I HEREBY RMLESS Toronto Kyokushinkai Karate., its directors, instructors, ises used to conduct the event, herein after referred to as the AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO RISING FROM THE NEGLIGENCE OF THE RELEASEES OR ed by law.
must be used within the registered timefra	nd starts on the date specified. It is not transferrable or refundable and ame. Memberships renew at the end of each registered period. Participate in classes, grading or other dojo activities.
photographed, filmed or videotaped in	ons of my likeness created in any manner whatsoever, a connection with their attendance at Toronto Kyokushinkai ablicity, promotion or broadcast and waive any and all
	LITY AND ASSUMPTION OF RISK AGREEMENT, FULLY AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING RILY WITHOUT ANY INDUCEMENT.
Participant Signature	
This is to certify that, I as parent/legal guato his/her release as provided above of a	TICIPANT OF MINOR AGE (under 18 at time of registration) ardian with legal responsibility for this participant do consent and agree II the releasees, and for myself, and on behalf of my heirs, assigns and EMNIFY AND HOLD HARMLESS THE RELEASEES.
by my minor child as a result of my minor	ty, death, or loss or damage to person or property suffered or incurred child's involvement or participation in these programs as provided EGLIGENCE OF THE RELEASEES, to the fullest extent permitted by
likeness created in any manner whatsoev	of my child or child's likeness, or any reproduction of my child's ver, photographed, filmed or videotaped in connection with their ate can be used for instruction, publicity, promotion or broadcast and ds thereto.
Date Pa	arent/Guardian Signature
Parent/Guardian Name (please	print):