

# YOSHUKAI KARATE INTERNATIONAL

Membership Registration/Waiver Form (\* required fields)

APPLICANT INFORMATION			
*Last Name	* First	M.I.	Date
*Street Address		Apartment/Unit #	
*City	*State	*ZIP	
*Country	*Gender	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
		*Date of Birth	
*Phone ( ) -	Mobile ( ) -		
E-mail Address			
*Emergency Contact Name		*Phone ( ) -	
Rank	Date Issued	*Instructor	

IF YOU ARE AN INSTRUCTOR, PLEASE PROVIDE THE FOLLOWING:	
School Name	
School Address	
Website	Phone ( ) -

## PARTICIPANT WAIVER AND RELEASE

In consideration of being allowed to participate in any class, activities, and events sponsored by Yoshukai Karate International, the undersigned hereby:

Agree that prior to participating, the participant/parent(s) or guardian(s) will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise the coach, supervisor or Yoshukai Karate International personnel of such condition(s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

Release, waive, discharge and covenant not to sue Yoshukai Karate International, its affiliated clubs, regional sports organizations, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the class, activities, event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

SIGNATURE	
The undersigned certify that all answers are true and complete and that they have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily:	
*Student Signature:	*Date:
If student is under the age of 18 years, please also provide name and signature of parent or guardian below:	
*Parent/Guardian Name: (please print)	
*Parent/Guardian Signature:	*Date:

*The Mission of Yoshukai Karate International is to preserve and promote the history and traditions of Yoshukai Karate while maintaining the highest standards of integrity, family values and the fair and equitable treatment of all members.*