

*Riverbend Karate Association /
Terwillegar Karate Association*

Member Application and Waiver

WARNING! BY SIGNING THIS FORM YOU GIVE UP IMPORTANT LEGAL RIGHTS INCLUDING THE RIGHT TO SUE PLEASE READ CAREFULLY!

(Please Print Carefully)

NAME OF PARTICIPANT: _____

DATE OF BIRTH (dd/mm/yyyy) _____

ADDRESS OF PARTICIPANT: _____

CITY: _____ **PROV:** _____ **POSTAL CODE:** _____

HOME PHONE: _____ **STUDENT EMAIL:** _____

FAMILY EMAIL ADDRESS: _____

SPECIAL HEALTH CONSIDERATIONS: _____

EMERGENCY CONTACT: _____

PHONE: _____ **Alberta Health Care #:** _____

How did you hear about us? _____

I hereby apply for membership in the Riverbend Karate Association (RKA), Terwillegar Karate Association (TKA) and the Shintani Wado Kai Karate Federation (SWKKF). I agree to observe all the club rules and regulations and to respect the requests of instructors established for the purpose of maintaining order and protecting members from injury. I acknowledge that while RKA and TKA strive to provide a safe training environment, karate is an activity that involves risk, including the possible risk of severe or fatal injury. I further waive any legal rights in travel to and from karate related events. I further agree that the members' likeness may be used from time to time in promotional media. I, and my heirs and successors, release Instructors, the Directors and other members of the RKA, the TKA and the SWKKF FROM ANY AND ALL LIABILITY for any injury, damage, loss, or expense that I may suffer while participating in the club activities.

Dated at Edmonton, Alberta this _____ day of _____, 20_____.

Applicant Signature: _____

Parent/Guardian signature if under 18 years: _____

2nd Parent/Guardian or Adult Witness: _____

The Riverbend Karate Association, Terwillegar Karate Association and the SWKKF are collecting this information in accordance with the Personal Information Privacy Act (2003). This information will be used to maintain membership lists under the requirements of the Societies Act (1980), to contact members about the club or training times and in the event of an emergency with a member while training. This information will not be shared with any third parties except in case of medical emergency without prior written consent. By signing this form, you consent to this use of the information you provide.