



Kaizen Dojo
Ryusyokai Goju Ryu Karatedo
Ryukyu Tesshinkan Kobudo



Instructor: Jamie Hanlon (BA, BEd) Renshi, 5th Dan

Application Form

Name: _____
(Surname) (First name and initials)

Address: _____

Phone: _____ Text?: _____ E-mail: _____

Date of birth: _____ Age: _____

Medical history: _____
(use reverse if necessary)

Previous martial arts training: Yes / No If Yes, style: _____

Instructor: _____ Rank obtained: _____

Enrolment date: _____

Waiver

I hereby apply for membership in Kaizen Dojo, a non-profit karate/ kobudo club. I agree to respect the structure and discipline of the dojo and to abide by the established rules and regulations of the Kenkyukai, the dojo and those of any association to which the dojo subscribes. I recognize that such rules are in place to maintain order, protect members from injury.

The chief instructor the instructor(s) and students of the dojo, the Sekai Goju-ryu Ryusyokai, the Ryukyu Tesshinkan Kobudo Kyokai, the board and members of Karate Alberta Association, the boards of the Capilano, Clareview, McLeod and Royal Gardens Community Leagues, the elected officials, officers and employees City of Edmonton, the manufacturers and distributors of any equipment used in programs (all hereafter collectively referred to as "the Releasees"), are not responsible for any injury, loss or damage of any kind sustained by any person while registered and/or participating in any and all Kaizen Dojo-sanctioned activities, events, classes, practice sessions, or social activities (all hereafter collectively referred to as "programs" AND/OR "activities"), including injury, loss or damage which might be caused by the negligence of the releasees.

DEFINITIONS

In this agreement the term "programs" shall include all activities, programs, events, classes, and services provided, sponsored or organized by the releasees including but not limited to: karate, kobudo and other martial arts, physical exercises (including but not limited to push-ups, core exercises, squats, wind sprints), body conditioning, running, stretching, and all other such related activities.

In this document, the term "online delivery" shall include any means of receiving instruction or participating in instruction remotely, including but not limited to use of Skype, ZOOM, Webex, Facebook, Facebook Live, Instagram Live, Youtube, Facetime and/ or videos sent or received.

DESCRIPTION OF RISKS

In consideration of participation in fitness programs, either in person or through online delivery, I acknowledge that I am aware of, and freely accept the possible risks, dangers and hazards associated with being a participant, either through physically attendance (in person) or online delivery, including the possible risk of severe or fatal injury to myself or others. These risks include but are not limited to:

- a) all manner of injuries resulting in muscular injuries and soft tissue injuries including bruises, scrapes, cuts, etc, from executing strenuous and demanding physical techniques; sparring, drills, body conditioning, or other contact with other participants; and failure in proper use of equipment either by them or other participants;
- b) all manner of injuries resulting in sprains, dislocations, concussion, and broken bones, heart attack/stroke, spinal injury and tendonitis;
- c) all manner of injuries and/ or death that could result from exposure to or contraction of any infection, fungal, bacterial or viral in nature, including but not limited to COVID-19, tinea corporis (ringworm), rhinovirus (cold), streptococcus, staphylococcus, and/ or influenza A,B,C or D.
- d) all manner of head, facial, eye and/or dental injuries;
- e) all manner of medical problems resulting from heat exhaustion, dehydration, asthma, communicable diseases, skin rashes, cramps, chemical poisoning, and lack of fitness or conditioning;
- f) that their risk of injury increases as I become fatigued;
- g) all manner of injuries and/or death that could result from a physical confrontation whether caused by myself or someone else;
- h) all manner of injuries and/or death that may result from collision with other participants on foot, bikes, motor vehicles and/or buses;
- i) all manner of injuries and/or death that may result from transport to or from training by way of foot, bikes, motor vehicles, buses, personal or commercial watercraft, and/ or aircraft;
- j) all manner of negligent advice regarding fitness programs; and
- k) if participating through online delivery, any technological-related issues including but not limited to privacy breaches, identity theft, hardware or software problems, costs incurred by data overages, loss or loss of use of devices, and/ or conduct violations specific to electronic settings.

I understand that I am enrolling in a contact activity. By signing below, I am declaring that I am in a reasonable state of fitness and/ or have consulted a physician or certified health care professional before undertaking training and all related activities of the Kaizen Dojo.

If I am supplying my own equipment, such as headgear, sparring gloves, shin-guards, rib protection, breast protection or groin protection, I am responsible for ensuring that it is safe and well maintained which is up to the requisite standards for the activity in which I am participating. I understand that releasees accept no responsibility for any incidents or accidents occurring out of the use or misuse of my equipment.

If I am using my own weapons, such as bo, sai, tekko, nunchaku, eku, tonfa, tinbe and rochin and kama, I am responsible for ensuring that they are safe and well maintained up to the requisite standards for the activity in which I am participating. I understand that releasees accept no responsibility for any incidents or accidents occurring out of the use or misuse of these weapons.

If I am participating through online delivery at our residence or another area outside of the regular training space used for the programs, I am responsible for ensuring that all equipment is properly maintained and that the training space is of

adequate size and free of any and all hazards. I understand that releasees accept no responsibility for any incidents or accidents which occur while I am participating in online delivery.

I acknowledge that failure to comply with this requirement will result in my not being allowed to participate.

I agree to follow the Kaizen Dojo guidelines and to further follow all the instructions and rules given by the Chief Instructor, Instructors or any others responsible for or in charge of Kaizen Dojo activities and all related activities while I am a member and/or participating in Kaizen Dojo activities and all related activities. I understand and accept that the guidelines, instructions, and rules are in place to provide a safe environment for the entire membership.

Initials:

MEDICAL/HEALTH INSURANCE

1. I AM SOLELY RESPONSIBLE to select and purchase adequate medical/health insurance. No medical/health insurance will be provided by the releasees. In the event of a medical/health problem, the releasee accepts no responsibility for any costs associated with a medical/health problem nor will they pay for any medical/health expenses, which may be incurred by my participation in the programs provided by the Kaizen Dojo.

I freely accept and assume all responsibility to provide myself with medical/health insurance coverage.

Initials:

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of Kaizen Dojo allowing me participation in the programs, I agree:

1. TO ASSUME AND ACCEPT ALL RISKS arising out of, associated with, or related to, my participating in Kaizen Dojo programs and activities either in person or through online delivery.
2. TO RELEASE THE RELEASEES from any and all liability from any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in the programs due to any cause whatsoever, including breach of contract, or breach of any Statutory or Other Duty of Care, including any Duty of Care Owed under the Occupiers' Liability Act, RSA 1980 C. 0-3, on the part of the releasees.

3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES:

- a) from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my participation in the programs;
- b) from any and all claims, demands, actions and costs which might arise out of my participating in the programs, even though such claims, demands, actions and costs may have been caused by the negligence of the releasees.

Initials:

AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS

I hereby grant to Kaizen Dojo, including its employees, agents, assigns, or other third party as Kaizen Dojo may authorize on its behalf, the non-exclusive right to photograph me, make video recordings of my class activities, or any combination of those. Said photographs and videos may be posted on the Kaizen Dojo website, to the public Kaizen Dojo Facebook page, the private Ryusyokai kyokai page or the Kaizen Dojo's chief instructor's dojo-related Twitter and Instagram accounts.

ALBERTA Freedom of Information and Protection of Privacy Act (FOIPP): By signing below, I consent to having the information in this document collected by Kaizen Dojo. The personal information requested on this form is collected under

the authority of Section 33 (c) of the FOIPP Act. Certain personal information may be made available to federal and provincial government departments and agencies under appropriate legislative authority. Personal information is protected under the Alberta FOIPP Act.

Initials:

ACKNOWLEDGEMENT

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTOOD THIS AGREEMENT, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives. BY SIGNING THIS AGREEMENT, I RECOGNIZE I AM GIVING UP IMPORTANT LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

SIGNED THIS _____ day of _____, 20____, at Edmonton, Alberta.

Signature of Participant

Printed Name of Witness

Signature of Witness

This agreement must be completed in full (signed, dated, witnessed, and initialed where indicated) before any participant may begin or continue in a program