



Kaizen Dojo  
Ryusyokai Goju Ryu Karatedo  
Ryukyu Tesshinkan Kobudo



Instructor: Jamie Hanlon (BA, BEd) Renshi, 5<sup>th</sup> Dan

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**Minor 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: \_\_\_\_\_

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**Assumption of Risk**

I hereby apply for my minor child's membership in Kaizen Dojo, a non-profit karate/ kobudo club. I consent to their adherence of the structure and discipline of the dojo and to observance of 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 and protect members from injury.

**DEFINITIONS**

In this document, 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 "releasees" shall include the chief instructor, the instructor(s) and students of Kaizen 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").

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, assume, and freely accept the possible risks, dangers and hazards associated with my minor child being a participant in the programs, either in person or through online delivery, including the possible risk of severe or fatal injury to minor child 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 they become fatigued;
- g) all manner of injuries and/or death that could result from a physical confrontation whether caused by them 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 my minor child in a contact activity. By signing below, I am declaring that they are in a reasonable state of fitness and/ or have consulted a physician or certified health care professional before undertaking training and all related activities and/ or programs of Kaizen Dojo.

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

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

If my minor child is participating in online delivery at our residence or another area outside of the regular training space used for the programs, I assume responsibility of ensuring that all equipment is properly maintained and that the training space is of adequate size and free of any and all hazards.

I acknowledge that failure to comply with these requirements will result in my minor child not being allowed to participate.

I agree to ensuring that my minor child follows 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 they are a member and/or are 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 freely accept and assume all responsibility to provide my minor child with medical/health insurance coverage. In the event of a medical/health problem, I accept responsibility for any medical/health expense costs associated with any medical/health problem which may be incurred by my minor child's participation in the programs provided by Kaizen Dojo.

Initials:           

#### INFORMED CONSENT

In consideration of Kaizen Dojo allowing me participation in the programs, I agree to assume and accept all risks arising out of, associated with, or related to, my minor child participating in Kaizen Dojo programs and activities.

I assume responsibility for any damage to the personal property of, or personal injury to, any third party resulting from my minor child's participation in the programs.

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 my minor child, make video recordings of their class activities, or any combination of those. Said photographs and videos may be posted on Kaizen Dojo website, to the public Kaizen Dojo Facebook page, the private Ryusyokai kyokai page or 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 related to my minor child being 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.

I understand that distribution or exhibition of photographs or video recordings of minors will be subject to approval by parent or guardian.

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 and my minor child. BY SIGNING THIS AGREEMENT, I RECOGNIZE I AM ACCEPTING RESPONSIBILITY FOR ALL RISKS PERTAINING TO MY MINOR CHILD'S PARTICPATION IN THESE PROGRAMS.

SIGNED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at Edmonton, Alberta.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
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