

KITA KAZE BUDO ASSOCIATION

Hereinafter referred to as "KKBA"

REGISTRATION FORM

First Name:

Last	Name:
Lasi	name.

Phone: (

Email Address:

Date of Birth (dd/MM/yyyy):

)

WAIVER

I understand that Kendo and Naginata practice may involve the use of techniques that can cause injury due to being a full contact martial art. I will not hold the instructors, the KKBA or the providers of the KKBA's practice facilities (the Edmonton Japanese Community Association, the City of Edmonton and designated school(s), the Ukrainian National Federation) responsible for any injury that may occur while receiving instruction during practice, or demonstrations held by the KKBA. I agree to abide by the rules and expectations of the KKBA and to follow instructions so that I do not cause injury to myself or other participants.

In case of injury, should I be unable to respond, a KKBA representative has my permission to provide immediate medical assistance and to determine if further medical assistance and/or transportation for medical treatment is required. I understand and agree that I am responsible for any associated costs for this action.

Name

Signature

Date

LIKENESS RELEASE

I the undersigned hereby irrevocably consent to and authorize the use by KKBA of the undersigned's image, voice and or/likeness as follows: KKBA has the right to photograph, publish, edit, display or otherwise use the image on social media or club material, as long as there is no intent to use the image, voice and/or likeness in a disparaging manner. The undersigned acknowledges consideration in exchange for this release may simply be the opportunity to represent the KKBA in its promotional materials as described above.

Name

Signature

Date

If you are under 18 years of age, your parent or guardian must sign below.

I represent that I am a parent/guardian of the minor who has signed the above release and in that capacity, KKBA has my consent and authorization to use the name, voice and/or likeness as described above.