

Ottawa Japan Karate Association Registration Form

Name:		
		Female:
		Age:
Date of Birth:		
Phone number:	Email:	
Address:		
City:		
Occupation:		
Previous karate experience: Y/N	Rank:	
Dojo:	Affiliation:	
Date:		
Signature:		
(For youth under 18 the signature of a par	ent/legal guardian)	

Ottawa Japan Karate Association

WAIVER/RELEASE/INDEMNIFICATION

l,		of		
(Fa	ther/Mother/Legal Guardian)	(Street Address)		
	, the ur	ndersigned Father/Mother/Legal Guard	lian of	
(City)	(Province)			
	, agree	that as a condition precedent to OTTA	WA J.K.A. INC.	
(Name of N		·		
accepting		, as a member and his/her being permitted to		
	(Name of Minor)			
		Martial Art of KARATE or other activitie	•	
OTTAWA J.K.A.	INC., hereby accept and ta	ke upon myself full responsibility for ar	ny damage or	
injury which		may suffer or cause to others by r	eason of or	
	(Name of Minor)			
resulting from o	or in any way connected wit	th the participation of(Name of	N A :	
in any of the co	urses or activities aforesaid	Name of I and to hereby, on my own behalf and	•	
-			=	
	<u> </u>	ease, and forever discharge OTTAWA J		
-		from all manner of actions, claims, or d		
whatever kind o	or nature that I or	shall or may l	hereafter have	
		(Name of Minor)		
_	-	ficers, employees, servants or agents in attributable to any damage or injury of	-	
-				
which	n Name of Minor)	nay suffer while participating in any cou	urses or activities	
•	•	nises where such courses or activities ta	ıka alasa whaths	
	·		•	
		activities; I agree to indemnify and save		
	•	mployees, servants or agents, from and	_	
		ngs in respect of such claims by whomso		
•		injure or whatever nature suffered by a	• •	
•	•	s or activities as aforesaid offered by O		
INC., in any ma	nner based upon, occasione	ed by or attributable to any act or omiss	sion done or	
caused to be do	one, or not done or caused i	not to be done by	•	
		(Name of	Minor)	
Signed this	day, of this	month, of thisyear.		
	Father/Mother	r/Legal Guardian		

Ottawa Japan Karate Association

WAIVER/RELEASE/INDEMNIFICATION

l,		of	
	ather/Mother/Legal Guardian)		t Address)
	, the	e undersigned Father/Mother/Lo	egal Guardian of
(City)	(Province)		
	, ag	ree that as a condition preceder	nt to MR. SEIJI SAEKI
(Name of	Minor)	·	
accepting		, as a student and his/her b	peing permitted to
		n the Martial Art of KARATE of cept and take upon myself full	•
damage or inju	ry which		or cause to others by reason
		ime of Minor)	
of or resulting	from or in any way conne	ected with the participation of _	(Name of Minor)
heirs, my succe	essors or assigns; remise	esaid and to hereby, on my owr e, release, and forever discharge anner of actions, claims, or dem	behalf and on behalf of my MR. SEIJI SAEKI and all his
nature that I or		shall or may hereafte	er have against
	(Name of Min		
	•	essors, or assigns in any manner ge or injury of whatever nature v	• • • • • • • • • • • • • • • • • • • •
	mav	suffer while participating in any	courses or activities
	(Name of Minor)	, ,	
behalf of any o take place, who and save harm demands, action brought or pro persons before	ther legal entity or while ether before, during or af less MR. SEIJI SAEKI, hons, suits or other processecuted for any damage, during or after any co	structed by MR. SEIJI SAEKI who at any time on the premises what fer the said courses or activities is heirs, successors, or assigns, eeedings in respect of such clar te or injury or whatever nature urses or activities as aforesaid, tor omission done or caused to	ere such courses or activities; I further agree to indemnify from and against all claims, tims by whomsoever made, a suffered by any person or in any manner based upon,
done, or not do	one or caused not to be o		·
		(Name of Minor)
Signed this	day, of this	month, of this	year.
	Father/N	Nother/Legal Guardian	