

# Parkland Shotokan Karate Association

CSKA/PSKA# \_\_\_\_\_

## Individual Application for Training

All first-time applicants to the PSKA must complete and sign this form. Print neatly. This information is used to create your personal membership record and mailing list.

First Name		Last Name	
Address			
City	Province	Postal code	
Primary Phone		Other Phone	
Primary Email Address			

Age Category:

Adult (18 or over)

Junior<sup>1</sup>

(Name of Parents or Guardians if applicant is under 18)

Date of Birth:

Age:

(mmm/dd/yy)

I have the following health limitations or concerns with respect to karate training:

What are your goals and objectives for your Karate training experience? Please check all that apply.

Increased Confidence

Improve physical and mental strength

Self-defense

Sport

Personal Growth

Learn Life Skills & Values

Improve general health and fitness

Other \_\_\_\_\_

On a scale of 1 - 10 how committed are you to accomplishing your goals? \_\_\_\_\_

Emergency Contact Information:		
_____	_____	_____
Name:	Contact Number	Relationship

**Privacy Note:** The Parkland Shotokan Karate Association will only use your personal information for maintaining your membership and access to our programs. Your information will not be sold or provided to other organizations.

The Parkland Shotokan Karate Association is a registered non-profit society in Alberta.

Revision: Mar 2021

# RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

This is a binding legal agreement. As a Participant in the programs, activities and events of the Parkland Shotokan Karate Association, the undersigned acknowledges and agrees to the following terms:

## Disclaimer

1. Parkland Shotokan Karate Association, its respective directors, officers, members, coaches, volunteers, officials, participants, agents, owner's/operator's of facilities, and representatives (collectively the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during the training of karate provided by Parkland Shotokan Karate Association, or as a result of, any competition, program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

## Description of Risks

2. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risks and hazards include, but are not limited to, injuries from:
  - a) Physical contact with other participants;
  - b) Striking participants and objects with parts of the body;
  - c) Contact, colliding or being struck by other participants;
  - d) Tumbling falling or being thrown to the floor;
  - e) Executing strenuous and demanding physical techniques;
  - f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
  - g) Exerting and stretching various muscle groups;
  - h) Falls due to uneven or irregular surfaces;
  - i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - j) Spinal cord injuries which may render me permanently paralyzed;
  - k) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.
3. Furthermore, I am aware:
  - a) That injuries sustained can be severe;
  - b) That I may experience anxiety while challenging myself during the competitions, activities, events and programs;
  - c) That my risk of injury is reduced if I follow all rules established for participation; and
  - d) That my risk of injury increases as I become fatigued.

## Release of Liability

4. In consideration of the Organization allowing me to participate, I agree:
  - a) That my physical condition has been verified by a medical doctor;
  - b) To assume all risks arising out of, associated with or related to my participation;
  - c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
  - d) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

## Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon my heirs, my executors, administrators, representatives and myself.

I, the above named person, hereby apply for training in the Parkland Shotokan Karate Association. If this application is accepted, I agree to abide by the Rules, Regulations, Codes and Guidelines of the Parkland Shotokan Karate Association.

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Parent/Guardian if under 18

\_\_\_\_\_  
Signature of Parent/Guardian

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