



**Please read carefully before signing. You must complete ALL relevant form fields. This form must be initialed, signed, and dated, as is needed, or your registration will not be processed. An individual registration form must be completed by each participant. Participants younger than 18, will require the signature/s and initials of their parents or legal guardian.**

Name of Participant <small>(Please Print)</small>		Gender Identity	Date of Birth
Address		City	State Zip
Mobile Phone <small>We ONLY use this for Emergency Communication and/or Updates via Text</small>		E-Mail <small>We use email as the primary way to keep students informed of programs, scheduling, and events. We do not provide your address to any third parties.</small>	
Do you have any allergies, physical limitation, medications or medical conditions of which the dojo should be aware with regard to your safety while training or the safety of others? If these limitations may affect your training or the training of others, you are responsible for making the class instructor aware of them.			
No <input type="checkbox"/> Yes <input type="checkbox"/> <small>If yes, please explain briefly.</small>			
Emergency Contact (& Relationship to Student/Participant)		Phone	

## Self-defense Course Release and Waiver of Liability and Indemnity Agreement

**Consent and Assumption of Risk Statement:** I, \_\_\_\_\_, on behalf of myself, my personal representatives and my heirs hereby voluntarily release Eugene Kitney, The Kaizen Gōjūkan<sup>SM</sup>, the International Karate-Dō Gōjū-Kai Association<sup>SM</sup>, and all parties involved with the teaching of this course, Arlington Seventh-day Adventist<sup>®</sup> Church, Arlington Seventh-day Adventist<sup>®</sup> Church, Lewisville Campus (also known as Lewisville Seventh-day Adventist<sup>®</sup> Church,) the Texas Conference of Seventh-day Adventists<sup>®</sup>, and its parent organizations as members of the North American Division of the General Conference of Seventh-day Adventists<sup>®</sup>, and all involved with the location of the course from any personal injury, emotional or bodily harm sustained or suffered from me during, arising out of, or as a result of any activity associated with this self-defense course. I further release said individuals and involved parties from all claims of liability for any property or valuables lost, mislaid, or stolen. I do not have, to my knowledge, any physical condition or disability, other than those listed above, that would preclude my participation in this program. I understand the terms above and complete responsibility for my health and well being in this program.

### Please initial the following:

- |   |  |
|---|--|
| <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/><br/> <small>Initials</small> </div> <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/><br/> <small>Initials</small> </div> <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/><br/> <small>Initials</small> </div> <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/><br/> <small>Initials</small> </div> <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/><br/> <small>Initials</small> </div> <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/><br/> <small>Initials</small> </div> | <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> 7. I sign realizing that my participation in this self-defense course may have the potential to subject me to personal injury and bodily harm. I further have read the above statements and fully understand the contents of this release indemnity and hereby accept and agree to the terms, conditions and provisions written here.         </div> <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> 8. I understand these techniques are strictly for self-defense use. I will only use the physical techniques to defend against someone in deadly force situation.         </div> <div style="margin-bottom: 10px;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> 9. The Kaizen Gojukan may occasionally take photographs or video of me (or my child) for promotional purposes of the Kaizen Gōjūkan, including but not limited to use in printed publications such as brochures and newsletters, as well as our website or other electronic forms.         </div> |
|---|--|
- Parent/s or Guardian/s:**
10. I/we have read this release and waiver of liability, assumption of risk and indemnity agreement, and fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me and intend my signature to be the complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Name <small>(Please Print)</small>	Participant's Signature	Date
Parent/Guardian's Name <small>(If participant is younger than 18 - Please print)</small>	Parent/Guardian's Signature <small>(must be over 18)</small>	Date