

# Shotokan Karate of America Special Training Application for Attendance *page one*



**☞ To apply for attendance at special Training you must do the following:**

1. Obtain permission from your instructor.
2. Please PRINT the information requested.
3. All participants must be SKA Members. Your SKA/CSK dues must be paid or your application will be rejected. Bring membership card or proof of paid dues with you to Special Training.
4. Read carefully and SIGN the attached Assumption of Risk, Release of Liability, and Indemnification Agreement, indicating that you have read the entire agreement.
5. Mail this application with a bank check or money order for the amount indicated; payable and addressed to the person indicated for the Special Training you are applying for. Your application must be received by the deadline or a late fee of \$25 will be charged.
6. If you are under 18 years of age, your parent or guardian must complete the Parent's or Guardian's Additional Assumption of Risk, Waiver & Indemnification section at the bottom of page 2 of this form. Note: No one under the age of 16 may attend Special Training.

*Please Print Clearly*

SPECIAL TRAINING YOU ARE APPLYING FOR (INDICATE LOCATION & SEASON): \_\_\_\_\_ DATE OF TRAINING: \_\_\_\_\_

NAME: \_\_\_\_\_ / /  SKA/BBC CURRENT YEAR DUES PAID

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

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DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_ EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

/ / ( )

DOJO: \_\_\_\_\_ RANK: \_\_\_\_\_

LENGTH OF TRAINING: \_\_\_\_\_ NUMBER OF PREVIOUS SPECIAL TRAININGS: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

LIST MEDICATIONS: \_\_\_\_\_

MEDICAL INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

## APPLICATION FOR SHODAN GRADING (Summer Special Training only)

Please accept my application to participate in Shodan Grading. Enclosed is a separate check for \$400 (Includes \$100 for my black belt and \$300 for my first two years BBC dues). I understand this fee is refundable in the event I do not pass.

RECOMMENDING SENIOR: \_\_\_\_\_

RECOMMENDING SENIOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CANDIDATE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / / LAST SPECIAL TRAINING ATTENDED: \_\_\_\_\_

*Continues on following page. Read entire agreement and sign. ☞*

# Shotokan Karate of America Special Training Application for Attendance *page two*



## Shotokan Karate Participant

### ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT

In consideration for being allowed to be a participant in the Shotokan Karate training, I understand there are dangers in any karate exercise, special training, practice, demonstration, competition, refereeing or testing [together called "Karate Activities"] with the possibility of serious permanent physical and emotional injury, and possibility of death.

I understand that no amount of care, caution, instruction or supervision can eliminate the dangers inherent in these activities.

I hereby personally and volitionally assume all these risks, and I waive any liability for negligence which may result from the conduct, acts or omissions, land or building conditions, equipment or facilities of the Shotokan Karate of America, Inc., Shotokan's domestic and foreign affiliates, Tsutomu Ohshima, and their employees, agents, officers, directors, volunteers, independent contractors, instructors and guests [called "Released Parties"].

I agree to hold these Released Parties harmless, release, and discharge the above named Released Parties from any and all liabilities, claims demands, or causes of action that I may have.

I also agree to indemnify the above-named Released Parties in the event I or my family cause personal injury or property damage to any person or property during the Shotokan Karate Activities.

I understand that this indemnification includes payment for all loss, including any court or arbitration costs, attorney's fees, awards incurred by or adjudged against the above-named Released Parties.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I stipulate and agree that in the event of any dispute regarding this Agreement or pertaining to the Karate Activities, that the venue, forum

and jurisdiction shall only be in Los Angeles County, California USA. In the event that I file a lawsuit against any Released Party, I agree to do so solely in the State of California, and I further agree that the substantive law of California shall apply in that action.

If any portion of this agreement is found to be void or unenforceable, I agree that the remaining portions shall remain in full force and effect.

\_\_\_\_\_  
UNDERSTOOD AND AGREED TO ON (DATE)

\_\_\_\_\_  
BY (PRINT YOUR NAME)

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
[If participant is under 18 years of age, she or he must sign this form and participant's parent or guardian must complete the form below.]

### PARENT'S OR GUARDIAN'S ADDITIONAL ASSUMPTION OF RISK, WAIVER & INDEMNIFICATION

\_\_\_\_\_  
In consideration of...

\_\_\_\_\_  
(PRINT MINOR CHILD'S NAME):

\_\_\_\_\_  
...being permitted to participate in the Shotokan Karate Activities, I as parent or guardian of said minor child, further agree to assume the risk of harm to my child, agree to release the Released Parties and hold them harmless for all injury to my minor child, and agree to indemnify the Released Parties from any claims which are brought by, because of, or on behalf of my minor child, which are in any way connected with such use or participation by my minor child.

\_\_\_\_\_  
PRINT NAME OF PARENT OR GUARDIAN:

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN:

\_\_\_\_\_  
DATE:

### PLEASE PROVIDE ALL EMERGENCY CONTACT NUMBERS FOR PARENT OR GUARDIAN:

\_\_\_\_\_  
HOME PHONE:

\_\_\_\_\_  
WORK PHONE:

\_\_\_\_\_  
MOBILE PHONE:

\_\_\_\_\_  
ALTERNATE CONTACT NAME:

\_\_\_\_\_  
PHONE:

\_\_\_\_\_  
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