

Registration Form - Invermere Judo Club 09/10

Child / Judoka Last Name Child / Judoka First Name Gender

Birthdate M/D/Y

Mailing Address City

Postal Code Phone #

Alternate Ph. #

E-mail Address

Circle One Father / Mother / Guardian / Other

Circle One Father / Mother / Guardian / Other

Name

Name

Awareness and Assumption of Risk

I am aware that Judo involves risks including risk of personal injury, death, property damage, expense and related loss, including loss of income. Included in these risks are negligence on the part of the Invermere Judo Club and Judo BC, its directors, officers, staff, officials and volunteers, other participants and owners of the facilities where activities occur. I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage, expense and related loss, including loss of income.

Release of Liability, Waiver of Claim and Indemnity Agreement

In consideration of Judo BC accepting my application to participate in Judo activities, I agree:

1. To waive any and all claims that may I have in the future against Judo BC and others.
2. To release Judo BC and others from any and all liability for any personal injury, death, property damage, expense and related loss, including loss of income that I or my next of kin may suffer as a result of my participation in this activity, due to any cause whatsoever, including negligence, breach of contract or breach of any statutory duty of care.
3. To hold harmless and indemnify Judo BC and others from any and all liability for any damage to property of, or personal injury to, any third party, resulting from my participation in this activity.
4. To allow the use of my name, photographic image, and relevant personal information for the promotion of judo in the media, judo related publications websites, and for use by governing judo associations, when deemed appropriate by Judo BC.

Adult (19 years of age and older): Dated: _____

Name of Applicant (print neatly) Signature of Applicant Name of Witness (print neatly) Signature of Witness

Minor (under 19 years of age): Dated: _____

Name of Guardian (print neatly) Signature of Parent/ Guardian Name of Witness (print neatly) Signature of Witness

CLUB USE ONLY

Registration Fee Due _____

Gi Price (new/used) _____

Order New Judo Gi - Size _____

Belt / Rank

Judo Canada Passport #

Returned Gi Credit _____

Total Due _____ Amount Paid _____ Cash _____ Cheque _____ Date Paid _____

Balance Due _____ Balance Paid _____ Cash _____ Cheque _____ Date Paid _____