

OGAWA MARTIAL ARTS & FITNESS

First Name:

Last:

Date completed: dd /mm /yyyy

Date of Revision: dd /mm /yyyy

Birthdate: dd /mm /yyyy

Current address: _____ Phone #: _____

In case of emergency please notify:

Primary Contact

First: _____ Last: _____

Relationship to student: _____

Phone Number(s):

Cell () _____ Home () _____ Work () _____

First Alternate Contact

First: _____ Last: _____

Relationship to student: _____

Phone Number(s):

Cell () _____ Home () _____ Work () _____

Second Alternate Contact

First: _____ Last: _____

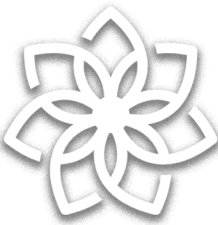
Relationship to student: _____

Phone Number(s):

Cell () _____ Home () _____ Work () _____

Allergies/Special Health Considerations:

Medications/Special Medical Appliances: (i.e. blood thinner, EpiPen, inhaler, pacemaker, etc.)



OGAWA MARTIAL ARTS & FITNESS INC.

MEMBERSHIP REGISTRATION & LIABILITY WAIVER & EMERGENCY CONTACT

(A) BUYER INFORMATION ONLY - to be filled out by applicant or parent/guardian

(Please Print Clearly)

Today's Date _____
dd mm yyyy

BUYER'S First Name Last Name

phone ()

Current Mailing Address City Province Postal Code

Email Address

In Case of Emergency Contact

Name:

Phone: ()

(B) STUDENT INFORMATION

OFFICE USE ONLY

FIRST	LAST	DATE OF BIRTH
1 _____	_____	_____ dd mm yyyy
2 _____	_____	_____ dd mm yyyy
3 _____	_____	_____ dd mm yyyy
4 _____	_____	_____ dd mm yyyy

REGISTRATION FEE: \$

NOTE: All dollar amounts include HST

(c) Payment Information

MONTHLY PAYMENT INFORMATION

1. The Initial Payment will consist of the monthly fee plus the registration fee.

EFT (please provide void cheque or PAD form)

PRE-PAID for a term (6, 9 or 12 months)

Length of Plan & Date Paid

2. Written notification must be given 3 weeks prior to the end of your contract.

WEBSITE OPTION (please see: ogawakarate.ca/pricing)

Bulk of Classes 10, 15 or 20 Classes

Length of Plan & Date Paid

(D) WAIVER AND RELEASE OF LIABILITY

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the risks and hazards connected with participation in Kickboxing, Wrestling, Karate, Bootcamp Training, Fitness, Self-Defence Training, Kobudo, Weightlifting, Aerobics, Tai Chi, Yoga, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course. I further certify that I am at least 18 years of age. If under 18, my parent/guardian is the below signed.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Ogawa Martial Arts & Fitness, Kate Cowan, TOGKF International, their officers, volunteers, students, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of Ontario and of Canada.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

STUDENT NAME (PRINTED):

SIGNATURE (OF PARENT/ GUARDIAN IF UNDER 18):

MEDICAL CONDITION(S):