



JAPANESE CANADIAN
CULTURAL CENTRE
日系文化会館

Waiver Of Liability For Special Martial Arts Events

Event: _____

Date: ____/____/____
MM DD YY

Name: _____
Surname

_____ Given Name

Address: _____
Street, Apt.# (if applicable) City Postal Code

Telephone: (____) _____ (____) _____ **E-mail:** _____
Home Business

Date of Birth: ____/____/____ **Height:** _____ **Weight:** _____
MM DD YY

Name of Home Club: _____ **Colour of Belt (if applicable):** _____

Medical History

I acknowledge that by participating in this Martial Arts Event, I will be involved in rigorous physical and mental training and contact, and therefore it is important to disclose to the JCCC any health impediment which would impair my ability to participate in any way in the Martial Arts Event. Set out below is my medical history. (*Please provide details on separate sheet if necessary.)

Heart Ailment () Hernia () Surgery ()
Fractures () Injuries () Other () _____
Bone Disease () Epilepsy ()

Release of Liability

I hereby make application to participate in the Martial Arts Event described above, and I agree to abide by the rules and regulations set by the JCCC in connection with the event. I hereby release the Japanese Canadian Cultural Centre, its directors, officers, employees, instructors, members, volunteers and invitees and licensees from any and all claims, demands, actions, causes of action, or any other liability or obligation whatsoever arising out of or in connection with my participation in the Martial Arts Event of the JCCC, whether relating to personal injury or damage to or loss of property or otherwise, whether going to or away from or at or in the premises of the JCCC or elsewhere, and whether in contract or in tort.

Signature of Applicant

Date

If under the age of 18 years, the parent or guardian of the applicant must consent to this application by signing below.

Signature of Parent or Guardian

Date