

Director/Chief Instructor: Eugene Kitney Sensei (Jokyō)

Please read carefully before signing. You must complete all highlighted areas. This form must be initialed, signed, witnessed and dated on both sides, as is needed, or your registration will not be processed. An individual registration form must be completed by each participant. For Additional registration forms, please copy, 2-sided only, or visit the website indicated above.

Name of Participant (Please Print)		Gender Identity	Date of Birth
Address	City	 State	Zip
Mobile Phone We ONLY use this for Emergency Communication and/or Updates via Text	E-Mail	y way to keep students informe ide your address to any third p	
mitations may affect your training or the training of others, you are responsible for making th		safety while training or the saf	ety of others? If these
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		safety while training or the saf	ety of others? If these

Make checks payable to "Eugene Kitney". If you send your registration by overnight mail be sure to mark it "no signature required", or it may be be delayed. Send your registration to: Kaizen Göjūkan, c/o 2005 Choctaw Ridge Dr., Lewisville, TX 75067

Release and Waiver of Liability and Indemnity Agreement

In consideration of being permitted to participate in any way in the Martial Arts Program indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

- 1. I/WE the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below martial arts activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I/WE understand and agree that, if at any time, I/WE feel anything to be UNSAFE, I/WE will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2.

I/WE fully understand and acknowledge that:

- a. There are risks and dangers associated with participation in martial arts events and activities which could result in bodily injury partial and/or total disability, paralysis and death.
- b. The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
- c. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.
- d. There may be other risks not known to us or are not reasonably foreseeable at his time.

I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, how- ever caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the martial arts facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the martial arts event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding the martial arts facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

- 5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE or COULD BE, VERY DANGEROUS, and involve the risk of serious injury and/or death and/ or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
- 6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
- 7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.



8.

I hereby expressly grant the Kaizen Gōjūkan the right to copyright and/or use, reuse, or broadcast and republish videotapes, films, photographs, digital images, audio recordings, and testimonials (collectively, "Media") of me or my property, and to put such Media to any use, without limitation or reservation, without compensation, and without my future review or approval of such use. I further relinquish all claims to the use or ownership of such Media. I also Acknowledge that I have no right to use any Total Impact's curriculum, logo, name, documents, worksheets, or Media without Total Impact's permission.



We have taken enhanced health and safety measures for you, our other Students, and Instructors. You must follow all posted instructions while visiting the Kaizen Göjūkan. An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior Parents and Students with underlying medical conditions are especially vulnerable. By visiting the Kaizen Göjūkan, you voluntarily assume all risks related to exposure to COVID-19. Help keep each other healthy.

For Participant or Parent/Guardians of Minor

INVE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, AND FULLY UNDERSTAND IT'S 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 COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

For Participant

Participant's Name (printed)	Participant's Signature	Date
ddress of Participant (If different to first page)		
Vitness' Name (printed)	Witness' Signature (must be over 18)	Date

For Parents or Guardians of Minors

Parent / Guardian's Name (printed)	Parent / Guardian's Signature	Date
Relationship to Minor	Witness' Signature (must be over 18)	Date

How did you find out about the Kaizen Göjūkan?

i.e. Social Media, Web site, Google Search, a Friend, a Family Member (give names,

Any Additional/Supplementary Information

Anything relevant that the instructor needs to be aware of as far as health, special needs/requests. or similar

For Instructor (for Administrative purposes only)

A Person will not be considered enrolled as a student, until the instructor and or director has signed below accepting the form as properly filled out

Instructor's Name (printed)	Instructor's Signature	Date
Dōjō Membership	Developmental or International Program	Accepted as Member (Y/N)?

Additional forms at: http://www.gojukan.org/06extra/e01_documents.htm