



Mississauga Kendo Club

Membership Form & Waiver

Email: info@mississaugakendo.ca

Instructors

Shigeo Kimura (7th Dan)
Yukio Yamada (5th Dan)
Tim Samios (5th Dan)
Gerald Audette (4th Dan)

Name:

Address:

City:

Telephone (H):

Email:

Date of Birth:

Postal Code:

Telephone (C):

Have you done Kendo before? If so, when, and where did you start?

If you have attained a rank, please indicate your rank and date achieved.

Please list any past surgery, major injuries, illnesses, conditions, or any other limitations (with approximate dates of when they happened):

Emergency Contact:

Relationship:

Telephone (Emergency):

WAIVER

I, the undersigned, hereby acknowledge that participation in Kendo requires vigorous exercise and full physical contact, and as such involves some risk of injury or even loss of life. I certify that I will follow the instructions provided by the instructors of the Mississauga Kendo Club in regard to personal safety, and I acknowledge that it is my responsibility to maintain my own Kendo equipment, or any kendo equipment loaned or rented to me by the Mississauga Kendo Club in a safe condition so as to prevent injuries to myself and others. I acknowledge that it is my own responsibility to ensure I am in such physical condition as to not present any undue health or injury risk to myself or others while taking part in Kendo. I hereby accept the risks and dangers of participation in Kendo regardless of the nature of the injury or injuries I may receive and regardless of the manner in which they occur.

The above being fully acknowledged, I hereby release the Mississauga Kendo Club and its affiliates, their officers, instructors, members, and agents as well as the University of Toronto at Mississauga, their officers, instructors, members, and agents from any and all claims, damages and expenses upon my death, bodily or mental injury, or loss or damage to my property or that property entrusted to my care, that takes place as a result of my participation in Kendo.

In case of injury, should I be unable to respond, a Club representative has my permission to provide immediate medical assistance and to determine if further medical assistance and/or transportation for medical treatment is required. I understand and agree that I am responsible for any associated costs for this action.

X _____
Club Member's Signature

Date:

X _____
Parent or Legal Guardian's Signature
(if Member is under the age of majority)

Date: