



**INTERNATIONAL SHOTOKAN KARATE FEDERATION OF MANITOBA/ INTERNATIONAL SHOTOKAN KARATE
FEDERATION OF CANADA/ INTERNATIONAL SHOTOKAN FEDERATION (PHILADELPIA)**

MEMBERSHIP REGISTRATION YEAR 2019

DOJO:	REGISTRATION NO:
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FEDERATION REGION: WESTERN (PROVINCE) MANITOBA	COUNTRY: CANADA
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LAST NAME:	FIRST NAME:
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STREET:	CITY: WINNIPEG	PROV: MANITOBA
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BIRTH DATE:	D:	M:	Y:	MALE/FEMALE:	AGE:	POSTAL CODE:
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RES. TEL:	2	0	4	-				-					BUS. TEL:	2	0	4	-				-			
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E-MAIL ADDRESS:

RANK:	KYU	SHODAN	NIDAN	SANDAN	YONDAN	GODAN	ROKUDAN
DATE:							

HEALTH RECORD:
If you have any handicap and/or illness (physical and/or mental) please specify:

RELEASE AND WAIVER

IN CONSIDERATION of the above named ("Dojo") accepting my application as a member and my registration as a member of the above named (ISKF of Manitoba), the ("Federation Western Region")the International Shotokan Karate Federation of Canada ("ISKF of Canada") and the Internaatinal Shotokan Federation (ISKF) , I hereby for myself, my heirs, executors, administrators and assigns release and forever discharge the Dojo, ISKF of Manitoba, the Federation Western Region, ISKF of Canada and ISKF and any member dojo registered with ISKF of Canada, ISKF (Member Dojo) and their respective members, instructors, guest instructors, directors, officers, executive member, employees, agents and servants and their respective heirs, executors, administrators, successors and assigns from any claims, demands, damages, actions or causes of actions arising out of or in consequences of any loss, injury or damage to my person or property incurred while attending at or participating in any classes, courses, tournaments or events, wherever located, including traveling to or from the event, conducted by the Dojo, ISKF Manitoba, the Federation Western Region, ISKF of Canada and ISKF, or any member dojo, or arising from any knowledge, skill, or karate technique or exercise which I have learned or have been taught in connection with my participation in any classes, courses, tournament or event, notwithstanding any such loss, injury or damage which may have arisen by reason of the negligence of the Dojo, ISKF Manitoba, Federation Western Region, ISKF Canada, and ISKF or any member dojo and their respective members, instructors, guest instructors, directors, officers, executive members, employees, agents and servants. I further agree to indemnify the Dojo, ISKF Manitoba, Federation Western Region, ISKF Canada, ISKF and any member dojo and their respective members, instructors, guest instructors, directors, officers, executive members, employees, agents and servants from any claims and demands which might be made against the Dojo, ISKF Manitoba, Federation Wesern Region, ISKF Canada, ISKF or any member dojo arising out of or in consequence of my attendance or participation in the said classes, courses, tournament or event or from my knowledge of any karate technique or exercise.

I FURTHER state that I am in proper physical condition to participate in the practice of karate and am aware that participation could result in physical injury.

DATED THIS _____ DAY OF _____ 2019 SIGNATURE OF APPLICANT; _____

GUARDIAN

The undersigned is the parent or legal guardian of the above described member and hereby agrees and consents to the attendance or participation by the member in any classes, courses, tournament or event conducted by the Dojo, Federation Region, ISKF of Canada and any member dojo subject to the release and waiver.

Signature of Parent/Guardian (if applicant is under 18 years of age)