

San Diego Kendo Bu REGISTRATION FORM

DATE: _____

PART 1:

Name: (Last, First)	Tel	Email

DOB	Height (ft.in)	Weight (lb)	Age	Rank	Insurance

Address	City	State	Zip

EMERGENCY CONTACT: _____ **EMERGENCY PHONE#:** _____

PART 2:

Annual Dues: (Payable when joining each, or portion of each, calendar year)

	Youth (17 and under)	18+ Full Time Student	Adult 18+
Southern California Kendo Federation (SCKF)			
All United States Kendo Federation (AUSKF)			
Annual membership	\$44	\$56	\$86
San Diego Kendo Bu membership	\$20	\$20	\$20
(Membership is separate from dojo dues)	-----	-----	-----
Annual Amount →	\$64	\$76	\$106

- There is a one time \$10 Registration Fee for NEW AUSKF Members

Make Checks Payable to: **San Diego Kendo Bu** **TOTAL:** \$ _____

Waiver of Liability

"I, the undersigned, intending to be legally bound, do hereby, for myself, heirs, executors and administrators, waive, release and forever discharge any claims for damages which I may incur (which may include severe injury or death), or which hereafter accrue me, against San Diego Kendo Bu, the Southern California Kendo Federation (SCKF), or the All United States Kendo Federation (AUSKF), along with their members and agents for all or any damages which may be sustained or suffered by me in connection with my participation in any activities related to San Diego Kendo Bu, Southern California Kendo Federation (SCKF), or the All United States Kendo Federation (AUSKF). Where the participant is a minor, I the Parent or Guardian do agree to the above waiver and give permission to the Kendo Senseis to seek attention for my child in the event of a sickness or injury. "

Signature: _____
(Parent or Guardian if participant is under 18 years of age)

Date: _____

SAN DIEGO KENDO BU

WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Participant's Name (Please Print): _____
Last First Age

Address, City, Zip

Contact phone number Email

Waiver: In consideration of permission to use the facilities, staff, equipment and services of **San Diego Kendo Bu**, I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** San Diego Kendo Bu, its directors, officers, employees, and agents from liability **from any and all claims including the negligence of San Diego Kendo Bu** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Signature of User Date Signature of Parent/Guardian of Minor Date

Assumption of Risks: This use of San Diego Kendo Bu property, facilities, staff, equipment, and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. **San Diego Kendo Bu** has facilities for and provides for activities such as social events, community outreach, clinics, classes, and camps. Some of these involve situations, environments, or activities that may lead to illness, physical injuries, and psychological stress or damage.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, sprains, and embarrassment 2) major injuries such as joint or back injuries, broken bones, heart attacks, head injuries, and psychological trauma 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by **San Diego Kendo Bu**. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD San Diego Kendo Bu HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at **San Diego Kendo Bu** and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of User Date Signature of Parent/Guardian of Minor Date

AGREEMENT AND RELEASE FROM LIABILITY (AUSKF / SCKF)

1. **Voluntary Participation.** I, _____, acknowledge that I have
(print name)
voluntarily applied, or have voluntarily allowed my child _____ to apply, to
(print child's name)
participate in kendo instruction and training at a dojo, club or federation which is affiliated with the All United States Kendo Federation (hereinafter, any and all affiliated dojos or clubs are referred to as "AUSKF").

2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN KENDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND, IN RARE INSTANCES, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. _____.

3. **Release.** As consideration for being permitted by AUSKF to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of AUSKF on account of injury, damage, or death resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of AUSKF as a result of my, or my child's, participation in kendo. I hereby release AUSKF from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage or death resulting from my, or my child's, participation in kendo.

4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN AUSKF AND ME AND SIGN IT OF MY OWN FREE WILL.

Executed on [date] _____ at [city] _____, [state] _____.

*Signature of participant or, if participant is a minor,
signature of participant's parent or guardian*

Print name

DECLARATION OF WITNESS

I certify that _____ [above participant/parent of participant]
acknowledged in my presence that he/she read and fully understood the meaning and consequences of the above release, and signed it in my presence.

Executed on [date] _____ at [city] _____, [state] _____.

Signature of witness

Print name

San Diego Kendo Bu

DOJO DUES

==⇒ \$80 per Quarter for age 18 and over

==> \$40 per Quarter for age 17 and under, Full-Time Students, and Additional Family members

- Invoices are sent out via email and instructions on payment to dojo is on the invoice.

- **Monthly dues for San Diego Kendo Bu:**
 - 18 years and over:
 - \$30/month, \$80/quarter, \$320/year.
 - 17 Years and Under, Full-Time Students, and Additional family members
 - \$20/month, \$40/quarter, \$160/year
- Members are responsible for all dojo dues payments (even if you do not practice/participate). The only exception is for pre-approved extended leaves of absence by the Dojo Head Sensei.

- **Leave of Absence:**
 - Leave of absence for an extended period of not less than 2 consecutive calendar months must be approved by the head sensei. Unapproved leave or unpaid dues for a period longer than 3 consecutive months may result in the cancellation of San Diego Kendo Bu membership.

- **Late Payment Policy:**
 - Three consecutive months of non-payment may result in cancellation of dojo membership. In order to be reinstated, the member must pay all monthly/quarterly payments due including payments missed after the first 3 months plus a \$20 reinstatement fee.

Signature: _____
(Parent or Guardian if participant is under 18 years of age)

Date: _____

Print Name: _____