Kenshokan Iaido

Peterborough **‘Introduction to Japanese Sword Arts’** Seminar

Saturday, April 27, 2019 (2:00 pm - 5:00 pm)

Registration Form and Waiver

Instructors:

Jim Wilson (Iaido, 6th dan / Karate, 7th dan)

Martin Stabler (Iaido, 4th dan)

Warren Wagler (Iaido, 3rd dan / Karate, 3rd dan)

Location: Peterborough Multi-Sport Club, 275 Rink St., Unit 14 Peterborough, ON K9J 2K1

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| Personal Information (please print): |  |  |
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|  |  |  |  |  |
| Last Name |  | First Name |  | Initial |
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|  |  |  |
| Address |  | City |
|  |  |  |  |  |
|  |  |  |
| Phone |  | E-mail  |
|  |  |  |
| Rank (if any) |  | Art and Dojo  |

Seminar Information:

|  |  |
| --- | --- |
| Cost:$20.00 | Total Rec’d: |
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Completed registrations and payment can be sent electronically to kenshokan@cogeco.ca

For paper registration and payment in person, please contact us.

Further information will be made available to registrants after receipt of this form. Details can also be found at [www.kenshokan.zendokan.ca](http://www.kenshokan.zendokan.ca). E-mail: kenshokan@cogeco.ca

(Please complete waiver and other information, overleaf.)

**Waiver**

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 Kenshokan Dojo in connection with the event. I hereby release Peterborough Multi-Sport Club and Peterborough Jiu Jitsu, the Canadian Kendo Federation, seminar instructors, the Kenshokan Dojo, its directors, officers, employees, instructors, members, volunteers, 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 above described martial arts event, 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 or elsewhere, and whether in contract or in tort.

I understand that images/video of me taken at the seminar may appear in various formats available to the public.

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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.

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Signature of Parent or Guardian Date

**\*Confidential**

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| **Emergency Contact:** | Relationship: |
| Home Phone # | Work Phone # | Mobile Phone # | Email: |
| Medications and Allergies:Epi-Pen User? Y N Where is the Epi-Pen stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Previous Injuries: |
| Current Medical Conditions and Supports (glasses, braces, etc.) |