

Membership Registration Form

Last Name: _____ Street: _____

First Name: _____ City: _____

Birth Date: (dd/mm/yyyy) _____ Gend: (m/f) _____ Prov: _____ Postal Code: _____

Email: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

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

RELEASE , WAIVER and CONSENT

IN CONSIDERATION of Murphy's Karate Academy ("Dojo") accepting my application and registration as a member of the Dojo and registration as a member of the Dojo, I hereby for myself, my heirs, executors, administrators and assigns release and forever discharge the Dojo, and their respective instructors, guest instructors, directors, officers, executive member, employees, agents and servants and their respective heirs, executors, administrators, successors and assigns (the "Releasees") from any claims, demands, damages, actions or causes of actions arising out of or in consequence 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 travelling to or from an event, 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 any of the Releasees. I further agree to indemnify the Releasees from any claims and demands which might be made against any of the the Releasees arising out of or in connection with my attendance or participation in the said classes, tournament or event or from my knowledge of any karate technique or exercise. I hereby for myself and for my minor child, as a member of Murphy's Karate Academy, grant to Murphy's Karate Academy the irrevocable right and unrestricted permission to use and publish photographs or video images of me, or in which I or my minor child may be included (the "Images"), for any purpose authorized by any Murphy's Karate Academy Entity, including but not limited to: publication on Internet Websites, publications, promotional material and advertising use. For myself and for my minor child, as a member of Murphy's Karate Academy, I waive any copyright that I or my heirs, executors, administrators or assigns might have in the Images in perpetuity, as well as any right to royalties or other compensation arising out of the use of the Images. In addition, I waive any other rights or causes of action or claims of any kind that I or my heirs, executors, administrators or assigns might have, including, but not limited to, claims for misappropriation of personality or breach of privacy.

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.

Date: (dd/mm/yyyy) _____ 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 and participation by the member in any classes, courses, tournament or event conducted by Murphy's Karate Academy and the consent to the Images subject to the release, consent and waiver and hereby releases the said parties in accordance with the terms above noted.

Signature of Guardian: _____

ADDRESS:

Canada Games Centre
26 Thomas Raddall Drive
Halifax, NS | B3S 0E2

CONTACT:

Chief Instructor/Owner: Jeff Murphty
Email: murphyskarateacademy@outlook.com
October 10, 2020



MURPHY'S
KARATE ACADEMY