

ADULT



# arashi do

## MARTIAL ARTS

Exp: under 2 years (or White Belt)      over 2 years (or Blue Belt)      Weight \_\_\_\_\_

Hosted at : Arashi Do Martial Arts 12730 St. Albert Trail Edmonton, AB. CA

<b>Contact Information:</b>	
Name: _____	AGE: _____
Address: _____	City: _____ Prov: _____
Phone: _____	Email: _____
Club Name: _____	
Emergency Contact Information (If <b>not</b> accompanied by a friend, parent or guardian):	
Name: _____	Phone: _____

I, \_\_\_\_\_, being of sound mind and body acknowledge that I am enrolling in a martial arts tournament. I affirm that I am in good physical condition and do not suffer from any disability that would significantly prevent or limit my participation in this tournament in a way that would endanger the safety of myself or other members.

I understand and am fully aware of the fact I will be involved in a **CONTACT SPORT** that may involving hitting, throwing, wrestling, joint manipulation and limb extension. I understand and accept that these above mentioned acts can and possibly will cause me bodily harm.

In the event I am injured or suffer any short-term or long-term physical harm, I release **Arashi-Do Martial Arts** its organizers, promoters, instructors, referees, volunteers, and participants from any and all liabilities now or in the future including but not limited to medical, hospital, paramedic or ambulatory care. **I fully understand that any medical treatment given me will be a First Aid treatment and that it is my responsibility to report my injuries to a hospital or medical clinic.**

I further release **Arashi-Do Martial Arts**, its organizers, promoters, instructors, referees, volunteers, and members from liability for any and all injuries sustained now or in the future, including, but not limited to pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, bear attacks, sword impalements, joint dislocations, hyperextensions of bones and joints, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, loss of vision, concussion, dental trauma, amnesia, or any other injury or illness, including death, however caused, occurring during or after my participation in this tournament.

**I hereby affirm that I have read fully, understand and agree with the above statements**  
(Parents or Guardians of Children under 18 must sign this form on the child's behalf):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_