

CHARLOTTETOWN MARTIAL ARTS



Ninja

SUMMER SESSION APPLICATION FORM

Name: _____

Age: Day _____ Month _____ Year _____

Male/Female: _____

Phone: _____ email: _____

I agree that any pictures taken of or by me in connection with Charlottetown Martial Arts can be used by the Dojo for publicity or promotion without compensation to me.

Parent (Guardian) signature (if under 18):

Fees: \$90 for June - August

Second Family Member: \$80, Third Member: \$70

See class schedule for applicable class times.

www.charlottetownkarate.com

eTransfer payments to Charlottetownma@gmail.com (Password=Summer2025)

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

This is a binding legal agreement. As a Participant in the programs, activities and events of Charlottetown Martial Arts, the undersigned acknowledges and agrees to the following terms:

Disclaimer

1. Charlottetown Martial Arts, its respective directors, officers, members, employees, coaches, volunteers, officials, participants, agents, owners/operators of facilities, and representatives (collectively the "Organization") are not responsible for any injury, damage or loss of any kind suffered by a Participant during the sport of karate, or as a result of, any competition, program, activity or event, caused in any manner whatsoever including, but not limited to, the negligence of the Organization.

Description of Risks

2. In consideration of my participation in the programs, activities and events of the Organization, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, activities and events. The risks and hazards include, but are not limited to, injuries from:
 - a) Physical contact with other participants;
 - b) Striking participants and objects with parts of the body;
 - c) Contact, colliding or being struck by other participants;
 - d) Tumbling falling or being thrown to the floor;
 - e) Executing strenuous and demanding physical techniques;
 - f) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - g) Exerting and stretching various muscle groups;
 - h) Falls due to uneven or irregular surfaces;
 - i) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - j) Spinal cord injuries which may render me permanently paralyzed;
 - k) Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.
3. Furthermore, I am aware:
 - a) That injuries sustained can be severe;
 - b) That I may experience anxiety while challenging myself during the competitions, activities, events and programs;
 - c) That my risk of injury is reduced if I follow all rules established for participation; and
 - d) That my risk of injury increases as I become fatigued.

Release of Liability

4. In consideration of the Organization allowing me to participate, I agree:
 - a) That my physical condition has been verified by a medical doctor;
 - b) To assume all risks arising out of, associated with or related to my participation;
 - c) To be solely responsible for any injury, loss or damage that I might sustain while participating; and
 - d) To release the Organization from liability for any and all claims, demands, actions and costs that might arise out of my participating, even though such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by the negligence of the Organization.

Acknowledgement

I acknowledge that I have read this agreement, that I have executed this agreement voluntarily, and that this agreement is to be binding upon myself, my heirs, executors, administrators and representatives.

Name of Participant (Please Print) Signature of Participant Date

Printed Name Parent/Guardian if under 18

Signature of Parent/Guardian Printed