AMERICAN SHOTOKAN KARATE ALLIANCE, LLC
APPLICATION FOR CLUB/GROUP MEMBERSHIP

CHECK ONE: _____ New Application _____ Renewal Application

CLUB NAME:_____

CLUB ADDRESS:_____
Number & Street City/State/Zip Code

CLUB TELEPHONE:_____ **INSTRUCTOR'S TELEPHONE:**_____
Area Code & Number Area Code & Number

INSTRUCTOR'S NAME:_____

INSTRUCTOR'S RANKING:_____ **DATE ATTAINED:** _____

ISSUING ORGANIZATION: _____ **EXAMINER:**_____

RELEASE INDEMNITY

We, intending to be legally bound hereby and as a condition of membership in the AMERICAN SHOTOKAN KARATE ALLIANCE, LLC (hereinafter referred to as ASKA) do hereby release said ASKA, the members, instructors and representatives thereof, from any and all claims, liabilities, obligations, causes of action or demands that we or our administrators, executors, heirs or assigns may at any and all times hereafter have or obtain, due to or as a result of, any personal injury or bodily harm sustained or suffered by us during, arising out of or as a result of any karate activity, physical or athletic activity, or physical instruction or sport conducted or carried on by or for said ASKA, either by themselves or with others, or in or occurring while we are on any premises or property occupied or used by said ASKA.

We further, intending to be legally bound hereby and as a condition of our membership do agree to indemnify and save harmless said ASKA, their members, instructors, and representatives from any act committed or omitted by us during or arising out of or as a result of any activity or exercise or sport carried on or participated in by said ASKA, by themselves or with others, or occurring on any premises or property occupied or used by said ASKA.

We further release said ASKA, their members, instructors and representatives from all claims of liability for any property or valuable lost, mislaid or stolen.

We sign this fully realizing that our participation or engagement in the activities of said ASKA may subject us to personal injury or bodily harm. We further have read the foregoing and fully understand the contents of this release indemnity.

DATE:_____ **SIGNATURE & TITLE:** _____

Please return this form, along with all other required materials to:

AMERICAN SHOTOKAN KARATE ALLIANCE
2229 Bluestone Dr.
St.Charles, MO 63303 USA
Telephone: (636) 925-0788

(rev. 4/05)