

**Application for Individual Membership
American Shotokan Karate Alliance, LLC**

Check One: **NEW:** **RENEWAL:**

NAME _____	BIRTHDATE _____
STREET ADDRESS _____	CITY _____
STATE _____ ZIP _____ PHONE _____	CLUB NAME _____
INSTRUCTOR'S NAME _____	E-MAIL ADDRESS _____

IF UNDER 18:	
NAME OF PARENT/GUARDIAN _____	
STREET ADDRESS _____	CITY _____
STATE _____ ZIP _____ HOME PHONE _____	WORK PHONE _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:		
NAME _____	PHONE _____	RELATIONSHIP _____

**CAREFULLY READ AND SIGN THIS APPLICATION
WAIVER AND RELEASE**

I, intending to be legally bound hereby and as a condition of membership in the American Shotokan Karate Alliance, LLC (hereinafter referred to as Alliance) do hereby release said Alliance, the members, instructors and representatives thereof, from any and all claims, liabilities, obligations, causes of action or demands that I or my 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 me 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 Alliance, either by itself or by others. I further agree to indemnify and save harmless said Alliance, its members, instructors and representatives from any act committed or omitted by me during or arising out of or as a result of any activity carried on or participated in by said Alliance. I further release said Alliance, its members, instructors and representatives from all claims of liability for any property or valuable lost, mislaid or stolen.

I understand that part of learning the art of karate is learning to teach. I agree, when called upon, to help my fellow members with their training by sharing my knowledge with them and teaching them new skills as necessary. I understand that this is a normal part of karate training and that I will not be compensated in any way for teaching, unless agreed to in advance in writing.

I also hereby grant said Alliance to use, without compensation to me, any photographs, videotapes, motion pictures, or digital images of me, which are taken or created during the course of my regular training or during my participation in any activities carried on by said Alliance.

I further agree and affirm that only under the supervision of, and with the expressed permission of my instructor will I apply, practice, demonstrate, or teach the skills taught to me while a member of said Alliance, whether or not I remain a member of said Alliance.

I SIGN THIS FULLY REALIZING THAT MY PARTICIPATION OR ENGAGEMENT IN THE ACTIVITIES OF SAID ALLIANCE MAY SUBJECT ME TO PERSONAL INJURY OR BODILY HARM.

I HAVE READ THE CONTENTS OF THE ABOVE RELEASE INDEMNITY, AND I UNDERSTAND THE MEANING THEREOF.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUARDIAN
(IF PARTICIPANT IS UNDER THE AGE OF 18 YEARS)

DATE