

CHARLOTTETOWN MARTIAL ARTS



Little Dragon

FALL 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: \$150 for Sept-Dec

Second Family Member: \$140, Third Member: \$130

See class schedule for applicable class times.

www.charlottetownkarate.com

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. Tumbling falling or being thrown to the floor;
 - d. Executing strenuous and demanding physical techniques;
 - e. Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements and quick turns and stops;
 - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - g. Spinal cord injuries which may render me permanently paralyzed;
 - h. Travel to and from competitive events and associated non-competitive events which are an integral part of the Organization's activities.
 - i. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;
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. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19
 - c. To assume all risks arising out of, associated with or related to my participation;
 - d. To be solely responsible for any injury, loss or damage that I might sustain while participating; and
 - e. 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.

COVID 19 – You will not attend class if:

- a. Within the past fourteen (14) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others.
- b. You have traveled at any point in the past fourteen (14) days either internationally or to a community outside the Atlantic Bubble
- c. You believe that you may have been exposed to a confirmed or suspected case of COVID19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by local public health authorities.

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