

# Sherwood Karate-Do Membership Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ Do you have a medical condition which might be aggravated by rigorous training? (Please explain briefly) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## RELEASE

Whereas I am or wish to become a student at Sherwood Karate-Do  
Whereas I realize that karate is a strenuous physical activity that can result in physical contact and possible injury.

Now therefore, in witness of these presents I, \_\_\_\_\_,

of the \_\_\_\_\_ of \_\_\_\_\_ in the Province of Alberta, for \$1.00 and other valuable consideration do hereby release and forever discharge, Steve Hartnett, any and all instructors of martial arts and Sherwood Karate-Do, their heirs, executors, administrators and assigns of and from all manner of action, causes of action, suits, claims and demands whether pursuant to contract or tort and without restriction, all matters arising out of participating in karate howsoever occurring, which against any or all of the aforesaid, I ever had, now have or will have, or which my heirs, executors, administrators or assigns or any of them, hereafter can, shall or may have for or by reason of any cause, matter or thing whatsoever occurring.

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

Parent or  
Guardian: \_\_\_\_\_  
(If under 16 years)

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