



New Membership

Rank/Level
Kyu Dan

Given Name <input type="text"/>		Surname <input type="text"/>	
Address <input type="text"/>		City <input type="text"/>	Postal Code <input type="text"/>
Home Phone <input type="text"/>	Cellular Phone <input type="text"/>	E-mail <input type="text"/>	
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Age <input type="text"/>	Date of Birth (dd/mm/yyyy) <input type="text"/>	
Healthcare Number <input type="text"/>			
Family Doctor <input type="text"/>		Phone Number <input type="text"/>	
Emergency Contact <input type="text"/>		Phone Number <input type="text"/>	
Parent/Guardian Name (if above is under 18 years of age) <input type="text"/>			

QUESTIONNAIRE

- * Has your doctor ever informed you of any heart related conditions? Y N
- * Do you frequently have pains in your heart or chest? Y N
- * Do you feel faint or have spells of severe dizziness? Y N
- * Has your doctor ever diagnosed you with high blood pressure? Y N
- * Has your doctor ever told you that you have a bone or joint problem, such as arthritis?
that has been aggravated by exercise or might be made worse with exercise? Y N
- * Are you currently taking any medication? **Indicate type.** Y N
- * Do you have any medical problems, such as diabetes or asthma? **Indicate** Y N
- * Is there any physical reason not mentioned here why you should not follow any activity program? **Indicate** Y N
- * Do you suffer from allergies? **Indicate type** Y N

Fees:

- Unlimited Family/Relative Pass \$600
- Single Adult (18 & older) \$470
- Single Child (17 & younger) \$420

All cheques payable to: Renbu Dojo
or e-Transfer: renbudojo2@gmail.com
Send completed form to: renbudojo2@gmail.com

Statement Acknowledging Risks – Health and Safety Waiver

In signing this form, I affirm that I have answered the above questions to the best of my knowledge and I agree to participate in the program at my own risk; in consideration of the City of Burnaby and Renbu Dojo permitting me to participate in this program. I, the undersigned, for myself, my heirs, executors and administrators, hereby waive all rights and claims arising from any cause whatsoever, including negligence, which I have or may have against the City of Burnaby, and the Renbu Dojo or their respective employees and members, for all injury or loss including personal and property loss arising from any cause whatsoever, including negligence, suffered to me prior to, during or after the program and I hereby release the City of Burnaby and the Renbu Dojo and their respective employees and members from any and all liability for damages sustained due to or as a result of my participation in this program.

I DECLARE THE ABOVE TO BE TRUE

Signature of Participant/Parent/Guardian

Date (dd/mm/yyyy)

* If participant is less than 19 years of age, a parent or legal guardian must sign this waiver.



Photo Release Form

(For Use of Image(s))

This Photo Release Form (the "Agreement") is entered into as of the date of signature below by and between:

Renbu Dojo AND

Participant's Name:

Address:

Phone Number:

Email Address:

By signing this Agreement, I, the undersigned, hereby grant to **Renbu Dojo** and its affiliates, licensees, successors, and assigns the right to use, reproduce, modify, publish, display, distribute, and create derivative works of my image or likeness, as captured in the attached photograph(s) (the "Image"), in all media and formats now known or hereafter devised, including but not limited to, print, online, social media, advertising, marketing, and promotional purposes. I acknowledge and agree that I will not receive any compensation, monetary or otherwise, for the use of the Image(s), and that such use is without time limitation unless otherwise agreed in writing. I hereby release and hold harmless **Renbu Dojo** and any of its agents, employees, or partners from any liability or claims arising from the use of the Image(s), including but not limited to claims for defamation, invasion of privacy, or violation of any proprietary right. I acknowledge that the Image(s) are owned by **Renbu Dojo** and that I have no claim to ownership or any rights to the Image(s) now or in the future. I agree to indemnify and hold harmless **Renbu Dojo** from any claims, damages, or legal actions arising out of the use of the Image(s).

The photographer(s) of the Image(s) is/are not specifically identified in this Agreement. However, the subject image(s) have been taken and submitted with the understanding that the rights to use them are assigned to **Renbu Dojo**. This Agreement constitutes the entire understanding between the parties, and no other verbal or written agreements shall have any force unless expressly stated in writing. This Agreement shall be governed by the laws of Canada, without regard to its conflicts of laws principles.

By signing below, I acknowledge that I have read, understood, and agree to the terms of this Photo Release Form.

(Signature of Participant/Parent/Guardian)

Date (dd/mm/yyyy)

**If participant is less than 19 years of age, a parent or legal guardian must sign this photo release form.*