



Boston Kendo Kyokai

Membership Application

Name			
Address			
City			
State			
Zip			
Date of birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
Kendo Rank		Date of Rank	
H Phone			
W Phone			
E-Mail			

Release, Waiver and Indemnification

I HEARBY ACKNOWLEDGE AND AGREE that the sport of kendo has inherent risks. I have full knowledge of the nature and the extent of all the risks associated with kendo. Therefore, in consideration of my membership in Boston Kendo Kyokai, I, _____, the undersigned on behalf of myself, my heirs, representatives, executors, administrators and assigns, do hereby release, indemnify, and hold harmless Boston Kendo Kyokai, the All-Eastern United States Kendo Federation, the All United States Kendo Federation, their officers, agents, and employees from any cause of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the above named entities on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in Boston Kendo Kyokai, whether that participation is supervised or unsupervised, howsoever the injury or damage is caused.

I further certify that I am in good health and that I have no physical limitations, which would preclude my safe participation.

I further certify that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am carefully signing this agreement, after having carefully read the same, of my own free will.

Signature (Parent or Guardian if under 18)

Date