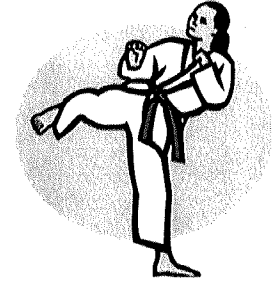




RYUKYU-KEMPO KARATE



- **Class is open to beginner students age 6-adult.**
- **Fridays, 5:30-6:30**
- **Min. 6 students required**
- **Class meets April 29-June 17.**
- **Cost is \$36 for the 8-week session.**

RYUKYU-KEMPO KARATE REGISTRATION WAIVER

WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR BOB GOLDEN SCHOOL OF SELF-DEFENSE AND HIS INSTRUCTORS

READ CAREFULLY

PLEASE READ THIS FORM YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES ARISING OUT OF THESE PROGRAMS/SEMINARS THAT YOU OR THAT YOUR OR OTHER NAMED PARTICIPANTS MIGHT SUSTAIN. THE TERMS "I" "ME" AND "MY" ALSO REFER TO PARENTS OR GUARDIANS AS WELL AS PARTICIPANTS IN THE PROGRAMS. IN REGISTERING FOR THESE PROGRAMS, YOU ARE AGREEING AS FOLLOWS:

AS A PARTICIPANT IN THESE PROGRAMS/SEMINARS I RECOGNIZE AND ACKNOWLEDGE THAT THERE ARE CERTAIN RISKS OF PHYSICAL INJURY AND AGREE TO ASSUME THE FULL RISK OF ANY INJURIES DAMAGES OR LOSS WHICH I MAY SUSTAIN AS A RESULT OF PARTICIPATING IN ANY MANNER AND IN ANY AND ALL ACTIVITIES CONNECTED WITH OR ASSOCIATED WITH SUCH PROGRAMS/SEMINARS. I FURTHER RECOGNIZE AND ACKNOWLEDGE THAT ALL ATHLETIC ACTIVITIES INVOLVING STRENUOUS EXERTION OR POTENTIAL BODY CONTACT ARE HAZARDOUS RECREATIONAL ACTIVITIES AND INVOLVE SUBSTANTIAL RISK OF INJURY.

I AGREE TO WAIVE AND RELINQUISH ANY AND ALL CLAIMS I MAY HAVE AS A RESULT OF PARTICIPATING IN THESE PROGRAMS/SEMINARS AGAINST THE BOB GOLDEN SCHOOL OF SELF DEFENSE AND HIS INSTRUCTORS, ANY AND ALL OTHER PARTICIPATING OR COOPERATING GOVERNMENTAL UNITS ANDY AND LL OTHER PERSONS AND ENTITIES OF WHATEVER NATURE THAT MIGHT BE DIRECTLY OR INDIRECTLY LIABLE FOR ANY INJURIES THAT I MIGHT SUSTAIN WHILE PARTICIPATING IN THESE PROGRAMS/SEMINARS. (THE PARTIES DESCRIBED IN THE PRECEDING SENTENCE ARE REFERRED TO AS "RELEASE PARTIES" IN THE REMAINDER OF THIS AGREEMENT.)

I DO HEREBY FULLY RELEASE AND DISCHARGE THE BOB GOLDEN SCHOOL FOR SELF-DEFENSE AND HIS INSTRUCTORS AND ANY AND ALL OTHER RELEASED PARTIES FROM ANY AND ALL CLAIMS FOR INJURIES DAMAGE OR LOSS WHICH I MAY HAVE OR MAY ACCRUE TO ME ON ACCOUNT OF MY PARTICIPATION IN THESE PROGRAMS/SEMINARS.

I FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE BOB GOLDEN SCHOOL OF SELF-DEFENSE AND HIS INSTRUCTORS AND ANY AND ALL OTHER RELEASED PARTIES FROM ANY AND ALL CLAIMS RESULTING FROM INJURIES DAMAGES AND LOSSES SUSTAINED BY ANYONE AND ARISING OUT OF CONNECTED WITH OR IN ANY WAS ASSOCIATED WITH MY CONDUCE AND THE ACTIVITIES OF THESE PROGRAMS/SEMINARS.

I FURTHER UNDERSTAND AND AGREE THAT THE TERMS SUCH AS "PARTICIPATING" AND "ACTIVITIES" REFERRED TO IN THIS AGREEMENT INCLUDE ALL EXERCISES AND PHYSICAL MOVEMENTS OF ANY NATURE WHILE I AM PARTICIPATING IN THESE PROGRAMS/SEMINARS AND FURTHER INCLUDE THE PROVISION OF OR FAILURE TO PROVIDE PROPER INSTRUCTIONS OR SUPERVISION THE USE AND ADJUSTMENT OF ANY AND ALL MACHINERY, EQUIPMENT AND APPARATUS AND ANYTHING RELATED TO MY USE OF THE SERVICE, FACILITIES OR PREMISES INVOLVED IN THESE PROGRAMS/SEMINARS AND TRANSPORTATION TO AND FROM ANY EVENTS.

I UNDERSTAND THE NATURE OF THESE PROGRAMS/SEMINARS FOR WHICH I AM REGISTERING AND HAVE READ AND FULL UNDERSTOOD THIS WAIVER RELEASE AND H OLD HARMLESS AGREEMENT. I FURTHER UNDERSTAND THAT ANY ADVISEMENT OR WARNING OF THE PARTICULAR RISKS OF THESE PROGRAMS THAT I SUBSEQUENTLY RECEIVE WILL BE INCORPORATED BY REFERENCE INTO AND BECOME PART OF THIS AGREEMENT.

PARTICIPANT (SIGNATURE)

DATE

(PLEASE PRINT PARTICIPANT NAME)

ADDRESS

HOME PHONE NUMBER

RYUKYU-KEMPO KARATE ENROLLMENT FORM

401 E. MISSISSIPPI AVE. ELWOOD, ILLINOIS 60421 815-423-5011

Student Name _____ Grade _____

Address _____

Home Phone _____ Parent Name _____

Parent Cell Phone _____ Parent Email _____

Please enclose \$36 class fee with registration.

WAIVER AND RELEASE OF ALL LIABILITIES ARISING OUT OF PARTICIPATION IN RECREATION PROGRAMS OF THE VILLAGE OF ELWOOD PARK AND RECREATION DEPARTMENT

The undersigned, being under no legal disability, and in consideration of the opportunity to participate in recreation and/or athletic activities conducted by the Village of Elwood Park and/or its Recreations Department, agrees as follows:

I hereby release, remise and discharge the Village of Elwood, its Park and Recreation Department, the Facility Owner and/or Host, their officers, servants, agents and employees from all injuries, losses, and damages to my person that shall have been caused or may at any time arise as the result of injuries, losses, and damages to my person that shall have been caused or may at any time arise as the result of my participation in such activities. It is my intention to completely, absolutely and finally release said Village of Elwood, its Park and Recreation Department and the Facility Owner and/or Host, the aforesaid persons from any and all liability arising wholly or partially from the cause aforesaid.

I do further state and certify that I am in good physical condition, and physically and emotionally capable of participation in such recreation/athletic programs. As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and agree to assume the full risk of any injuries, including death, damages or losses which I may sustain as a result of participating in any manner, in any and all activities connected with or associated with such program.

I agree to waive and relinquish any and all claims that I may have against the Village of Elwood, its Park and Recreation Department, the Facility Owner and/or Host, their officers, servants, agents or employees as a result of participating in the program.

The term "I", "me" and "my" refer to parents or guardians as well as participants in the program, I further understand and agree that terms such as "participation", "programs" and "activities" referred to in this Waiver and Release, include all exercises and physical movements of any nature while I am participating in the program.

I understand the nature of these program(s) for which I am registering and have read and fully understand this Waiver.

SIGNATURE _____ DATE ____/____/____

Parent, Guardian, or Participant (over 18), Must Sign This Waiver/Registration Form.

The village of Elwood Recreation Department publishes photographs of village activities on the village Website, in quarterly newsletter and monthly status report publications and in local newspapers.

Please check one:

_____ I grant the Village of Elwood permission to publish my child's photograph.

_____ I do not grant the Village of Elwood permission to publish my child's photograph.

SIGNATURE _____ DATE ____/____/____

401 E. MISSISSIPPI AVE. ♦ ELWOOD, ILLINOIS 60421 ♦ 815-423-5011