



IOGKF Vancouver Island Gasshuku Registration and Waiver, September 17-19

Name of Participant: _____

Name of parent/guardian (if under age 19): _____

Date of Birth: _____

Country: _____

Primary phone number: _____

Cell phone/text number: _____

Email (print carefully): _____

Confirm email: _____

Your dojo: _____

Your Sensei: _____

Your rank: _____

Your karate style (if not IOGKF): _____

Attending: ALL THREE DAYS (circle) or _____

Grading: YES / NO (circle)

Emergency contacts:

1. Name of contact: _____
Relationship to student: _____
Contact phone: _____
Contact email: _____

2. Name of contact: _____
Relationship to student: _____
Contact phone: _____
Contact email: _____

Fee Payment:

Method of payment is email interac payment to toshikan@shaw.ca, due prior to September 10. The participant agrees to pay *Tōshikan Traditional Karate and Kobudō* (check one):

- | | | |
|--------------------------|--|---------------|
| <input type="checkbox"/> | Full weekend, IOGKF member | (\$185) |
| <input type="checkbox"/> | Full weekend, non-IOGKF member | (\$220) |
| <input type="checkbox"/> | Two days, IOGKF member | (\$150) |
| <input type="checkbox"/> | Two days, non-IOGKF member | (\$180) |
| <input type="checkbox"/> | One day, IOGKF member | (\$75) |
| <input type="checkbox"/> | One day, non-IOGKF member | (\$90) |
| <input type="checkbox"/> | Dinner hosted by Tōshikan Traditional Karate and Kobudō in Courtenay, BC at Mac Newton's home or at Union Bay Hall, depending on numbers | (\$20/person) |
- (indicate how many in your group are attending the dinner _____)

WAIVER OF LIABILITY FOR ALL CLAIMS AND RELEASE OF LIABILITY
(PLEASE READ CAREFULLY BEFORE SIGNING – Waivers must be signed before participation in the Gasshuku)

Social Media Waiver.

I consent to allow any reproductions of me/my child or likeness created in any manner whatsoever, photographed, filmed or videotaped in connection with IOGKF/IOGKF Canada events which can be used for instruction, publicity, promotion or television broadcast and I waive any and all compensation for such.

I agree _____
signature of participant or parent/guardian is under 19 years of age

I do not agree _____
signature of participant or parent/guardian is under 18 years of age

Waiver

I, (print name) _____ hereby waive any and all rights or claims I may have against Tōshikan Traditional Karate and Kobudō, Mac Newton, the IOGKF Gasshuku organizers, IOGKF/IOGKF Canada, Tetsuji Nakamura and all their respective directors, officers, employees, agents, members staff and all individuals assisting in instructing, participating in and conducting these activities. I hereby fully release and discharge them from any and all claims resulting from injuries, including death, damages or loss which may accrue to me or my heirs arising out of or in any way connected with my attendance and/or participation at any IOGKF/IOGKF Canada sanctioned event. This shall include acts or omissions and negligence, whether they be my own or those of anyone else. I give this acknowledgement freely and knowingly, and I represent and warrant that I am physically and mentally fit and that, as a result, able to participate and I do hereby assume responsibility for my own well-being understanding that participation involves bodily contact.

I understand and agree to abide by the IOGKF rules associated with IOGKF/IOGKF Canada events and assume all responsibility and any associated liability for infringement of such rules and agree to accept the event organizer's decision without endorsing, encouraging or being involved in any recourse through any legal means.

Signature

Date

Signature of parent/guardian
Who assumes complete responsibility (if under age 18)

Tōshikan Traditional Karate and Kobudō

Email: toshikan@shaw.ca

Website: comoxvalleykarate.com

Phone/text: (250) 871-8110