

Please read carefully before signing. You must complete all highlighted areas. This form must be **initialed, signed, witnessed and dated on both sides**, or your registration **will not be processed**. An individual registration form must be completed by each participant and include a deposit. For Additional registration forms, please copy, 2-sided only.

1

Name (printed) _____ M/F _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

E-Mail We use email as the primary way to keep students informed of programs, scheduling, and events. We do not provide your address to any third parties.

Do you have any allergies, physical limitation, medications or medical conditions of which the dojo should be aware with regard to your safety while training or the safety of others? If these limitations may affect your training or the training of others, you are responsible for making the class instructor aware of them.

No Yes

_____ If yes, please explain briefly.

Emergency Contact _____ Phone _____

Previous Martial Arts Experience _____ Rank _____

Make checks payable to "Eugene Kitney". If you send your registration by overnight mail be sure to make "no signature required", or it may be delayed. Send your registration to: Kaizen Dojo, c/o 7191 Scarlet Oak Drive, Roanoke, VA 24019

2

Attach a 2" X 2" passport style photo of the student

3

Initials

The *Kaizen Dojo* may occasionally take photographs or video of me (or my child) for promotional purposes of the *Kaizen Dojo*, including but not limited to use in printed publications such as brochures and newsletters, as well as our website or other electronic forms.

4 Blood and Body Fluid Borne Pathogen Policy

To protect the *Kaizen Dojo's* Instructors, students and their respective families against the risk of disease, the *Kaizen Dojo* has adopted the following policy intended to minimize the risk of transmission of HIV, Hepatitis-B, and other blood- and body fluid-borne pathogens during Karate-Do & Self-Defense training. Current available evidence suggests that the risk of transmission of HIV during the type of body contact that occurs in Karate-Do training is slight. Organizations such as the NCAA, the National Academy of Pediatrics Committee on Sports Medicine and the U.S. Olympic committee have concluded that persons infected with blood- and body fluid-borne pathogens, particularly HIV, should not be barred from participating in contact sports. Certain federal and state anti-discrimination laws may also prohibit such a ban. These organizations have concluded that the already slight risk of transmission of HIV and other blood- and body fluid-borne diseases can be further reduced by adoption of the Center for Disease Control recommended "universal precautions" with regard to exposed body fluids as if they are infected. Specifically, the following measures will be observed at all times:

1. Preparation for Training

The most frequent points of contact between training partners are the hands. Other exposed parts of the body subject to particular risk of cuts and abrasions are the feet and the area about the face and neck. For these reasons the following procedures must be observed.

- A. You will inspect exposed parts of your body prior to participating in Karate-Do training to ensure that there are no breaks in your skin such as abrasions, open cuts, or sores.
- B. You will inspect your hands and feet to ensure that fingernails and toenails are trimmed and smooth in order not to be a cause of cuts.
- C. You will wear a freshly laundered *gi* to the first class you attend each day.
- D. You will never enter the training area wearing a *gi* which is blood or body fluid stained to any degree whatsoever.

If you have any open cut or sores, you will clean them with a suitable antiseptic and cover them securely with a leakproof dressing before coming in the training area [or mat]. You will make sure they stay covered while you are training. If you hands or feet have broken skin suitable taping, gloves or *tabi* will be worn to cover these areas. If you notice that someone else has an open cut or sore you will immediately advise him or her of the fact and cease training with the individual until the appropriate covering is in place. If a person does not immediately remedy the situation, you will immediately notify the class instructor.

2. Procedures for Wounds Incurred During Training

If a wound becomes uncovered, open, or is bleeding even to a minor extent during training, the person bleeding shall immediately stop training and leave the training area [or mat] until the bleeding stops and the wound is securely covered as described below. Immediate measures shall be taken to stop the bleeding. If the injured person needs assistance with this procedure, each person so assisting shall wear a pair of latex gloves (which are available at the training area first aid tables.) All used gloves and bloody clothes or dressings will be placed in a leakproof plastic bag provided for that purpose, and disposed of carefully. Hands shall be washed with soap and hot water immediately after gloves are removed. Minor blood stains on *gi* will be treated with a disinfectant solution available at either of the *dojo* first aid tables. If there are major blood stains or soiling, the *gi* shall be removed immediately, placed in a leakproof container, and handled carefully until it can be laundered or disposed of.

3. Procedures for Contact with Another's Blood

If you come into contact with the blood of another, make an immediate attempt to locate and alert the individual who is the source of the bleeding, leave the floor [or mat] and follow Procedure 2. above.

4. Procedures for Blood on the floor [or mat]

If blood becomes present on the floor [or mat] during training, the partner of the person bleeding will ensure that other students training do not come into contact with the blood. The blood, regardless of amount, will be cleaned up immediately by wiping down the exposed surface with the disinfectant solution provided for that purpose. Each person assisting in this task shall wear latex gloves (available at the training area first aid tables) and shall dispose of the glove and cloths used for cleanup in the manner described in Procedure 2. above. Upon completion of the cleanup, each assisting person shall wash his or her hands with soap and hot water immediately after gloves are removed.

5. Responsibility for Health and Safety on the Floor [or Mat]

There are diseases and illness other than those known to be transmitted through blood and body fluids. You are reminded that you are responsible for not only your own health and safety, but also the health and safety of your training partners. If you know or suspect that you have any illness which might affect or infect others, or which might impair your ability to train safely, you have the obligation to refrain from training until you are not a risk to others.

I have read, understood, and will comply with each and every part of this policy.

Participant's Name (printed) _____ Participant's Signature _____ Date _____

Witness' Name (printed) _____ Witness' Signature (must be over 18) _____ Date _____

5 Consent and Assumption of Risk Statement

- Initials
1. I acknowledge that Mr. Eugene Kitney and the *Kaizen Dojo* carry no insurance against liability for injury to any of it's students or persons present in the *Kaizen Dojo Karate Club* (hereinafter referred to as the '*Kaizen dojo*') participants. I agree that before entering the floor (or mat) or using any equipment at the *Kaizen Dojo*, I will inspect the facilities and equipment I use, and if I believe anything is unsafe, I will immediately advise the instructor present and will refuse to participate in training any further.
- Initials
2. I agree that I know and understand and will follow all safety procedures in using equipment and training weapons at the. I agree that at no time I will bring steel swords or other non-training weapons to the *dojo* and it's training area without the express written consent of the *Kaizen Dojo* chief instructor Mr. Eugene Kitney. If there is any question as to what proper safety procedures are, I will specifically ask Mr. Kitney or the instructor at the training area.
- Initials
3. I have been advised not to attempt any skill level in training or any other activity of which I am not fully capable. I realize the the study of Karate-Do requires proper conditioning and training.
- Initials
4. I fully understand that:
- Initials
- A. There are risks and dangers associated with Karate-Do training including but not limited to bodily injury, communicable diseases, partial or total disability, paralysis and death. In accordance with the law, *Kaizen Dojo* does not exclude individuals with medical conditions that do not pose a medically recognized threat to the health or safety of other students in the normal course of training. I understand that there are some unavoidable circumstances where these conditions may require special caution on my part to minimize danger to myself or others, and I acknowledge that it is my responsibility to act accordingly.
- Initials
- B. In particular, I understand that some students may be infected with diseases such as HIV/AIDS or Hepatitis-B which can be transmitted by exchange of blood or other bodily fluids and that I may be training with them. I acknowledge that I have read and will follow explicitly the *Kaizen Dojo's* Blood- and Body Fluid-borne Pathogen Policy, a copy of which is attached to and incorporated in this Release, Consent and Assumption of Risk Statement;
- Initials
- C. There are social and economic losses and damages which could results from those risks and dangers described above which could be severe;
- Initials
- D. These risks and dangers may be caused by my negligence, the negligence of my training partner, or the negligence of others around me who are training or doing any other activity, or by the negligence of the *Kaizen Dojo* or other agents or instructors of the *Kaizen Dojo* and the *International Karate-Do Goju-Kai Association*;
- Initials
- E. There may be other risks not know or foreseeable at this time which could arise.
- Initials
5. I EXPRESSLY AND VOLUNTARILY ASSUME ALL RISKS OF DEATH, ILLNESS, OR INJURY SUSTAINED WHILE PARTICIPATING IN OR OBSERVING THE '09 AIKIDO SUMMER CAMP IN THE ROCKIES, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES DESCRIBED IN 7. BELOW.
- Initials
6. I accept and assume all such risk and responsibility for all losses and damages following any such injury, illness, disability, paralysis or death, however caused or alleged to be caused including injuries caused in whole or in part by the negligence of *Kaizen Dojo*, its representatives, agents, employees, instructors, or other participants, or owners or lessees of the premises of the *Roanoke Seventh-day Adventist Church*, including their officers, directors, agents and employees.
- Initials
7. I release the *Kaizen Dojo*, Mr. Eugene Kitney, and other guest instructors, agents, instructors, employees of and all individuals associated with the *Kaizen Dojo*, the *International Karate-Do Goju-Kai Association* and with the *Potomac Conference of Seventh-day Adventists* as well as the *Roanoke Seventh-day Adventist Church* (herein after referred to as 'the released parties') from any and all liability, claims, demands or actions whatsoever arising out of the damage, loss or injury to me while upon *Roanoke Seventh-day Adventist* premises or while participating in Karate-Do training or any other activities contemplated by this agreement, wether such loss, damage, or injury results from negligence or otherwise.
- Initials
8. I agree that this Release, Consent and Assumption of Risk Statement covers each and every time that I train otherwise participate in any activity, listed or unlisted, at the *dojo* or at any other location sponsored by *Kaizen Dojo*, the *International Karate-Do Goju-Kai Association*, or the *Potomac Conference of the Seveneth-day Adventist Church*, its agents, employees or instructors.
- Initials
9. I agree that I WILL NOT SUE OR MAKE CLAIM AGAINST the released parties as the results of my participation at the *Kaizen Dojo* or at any other location where training takes place.
- Initials
10. I agree to INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES from all claims, judgements, and costs including attorney's fees incurred in connection with any action brough as a result of my participation in any activity at the *Kaizen Dojo*.
- Initials
11. I understand that Karate-Do is an educational system. I agree to strictly abide by the training rules of the *Kaizen Dojo* and to follow explicitly all instructions given by instructors during the course of my training. I agree to watch out for others in the training and while training on the mat and/or floor and to follow all the rules posted and otherwise explained to me. Should I break any of these rules, I understand that it is the decision of Mr. Kitney whether or not I may continue training. I will abide by his decision.
- Initials
12. In signing this agreement I am stating that I know what I am doing, that I take responsibility for my own acts, that I have read carefully and understand this agreement and that I fully agree with each statement contained in this agreement and that I am responsible for myself and will be considerate of others. I am aware that I may have the agreement reviewed by legal counsel.
- Initials
13. I understand that this Release, Consent and Assumption of Risk Statement is in effect from the moment I arrive to commence training, until acceptance of my written termination of this contract and relationship with the *Kaizen Dojo*, even if I am not training when something happens.
- Initials
14. I have read and understood, and agree to explicitly follow the *Kaizen Dojo's* Blood- and Body Fluid-Borne Pathogen Policy which is attached and incorporated as if it is fully written out in the body thereof, tho this Release, Consent and Assumption of Risk Statement.
- Initials
15. If any portion of this agreement shall be held invalid, illegal or unenforceful to any extent and for any reason by any Court of competent jurisdiction, the remainder of this agreement shall not be affected thereby and shall be enforceable to the full extent permitted by the law.

I make this agreement on behalf of myself, my heirs, successors, executors, estate, and dependants. By signing this form I am asserting that I am years of age, and that I am an adult.

Participant's Name (printed)	Participant's Signature	Date
Address of Participant		
Witness' Name (printed)	Witness' Signature (must be over 18)	Date

6 For Parents or Guardians of Minors

- Initials
1. We the parents or legal guardian(s) consent to allow the minor individual to participate in Karate-Do training at the *Kaizen Dojo* or at any other location at which the *Kaizen Dojo* may offer training. We will instruct the minor that he or she must inspect the facilities or erquipment to be used., and if he or she believes anything to be unsafe, he or she will immediately advise the class instructor and will refuse to participate further in training.
- Initials
2. We have read, understood, and initialed each of the foregoing paragraphs and intend to bind ourselves, the minor, and all heirs, successors, executors, the estate, and dependants of said minor, to the terms hereof.
- Initials
3. We agree to hold the *Kaizen Dojo*, Mr. Eugene Kitney, and other guest instructors, agents, instructors, employees of and all individuals associated with *Kaizen Dojo*, the *International Karate-Do Goju-Kai Association*, the *Potomac Conference of Seventh-day Adventists* as well as the *Roanoke Seventh-day Adventist Church*, harmless from any action brought as a results of participation by this minor in any activity of *Kaizen Dojo*, and promise to indemnify the *Kaizen Dojo*, Mr. Eugene Kitney and all releases for all liability and losses including attorney's fees occasioned by a claim by, on behalf of or on account of injuries or illness to said minor, and to gully indemnify all such losses.

Parent / Guardian's Name (printed)	Parent / Guardian's Signature	Date
Relationship to Minor	Witness' Signature (must be over 18)	Date