



Chester County Shotokan Karate Club

P.O. Box 181 Thorndale, PA 19372
(610) 383-5112

Registration Form

Name: _____

Address : _____

Age : _____ Parents Name : _____

Phone : (H) _____ (W) _____

Email Address : _____

How did you hear about CCSKC : _____

Today's Date : _____

**RELEASE INDEMNITY
CHESTER COUNTY SHOTOKAN KARATE CLUB, INC.**

I, intending to be legally bound hereby and as a condition of membership in the CHESTER COUNTY SHOTOKAN KARATE CLUB, INC. (hereinafter referred to as CLUB) do hereby release said CLUB, the members, instructors and representatives thereof, from any and all claims, liabilities, obligations, causes of action or demands that I or my administrators, executors, heirs or assigns may at any and all times hereafter have or obtain, due to or as a result of any personal injury or bodily harm sustained or suffered by me during, arising out of or as a result of any KARATE activity, physical or athletic activity, or physical instruction or sport conducted or carried on by or for said CLUB, either by itself or with others, or in or occurring while I am on any premises or property occupied or used by said CLUB.

I, further, intending to be legally bound hereby and as a condition of my membership do agree to indemnify and save harmless said CLUB, its members, instructors, and representatives from any act committed or omitted by me during or arising out of or as a result of any activity or exercise or sport carried on or participated in by or for said CLUB, by itself or with others, or occurring on any premises of property occupied or used by said CLUB.

I further release said CLUB, its members, instructors and representatives from all claims of liability for any property or valuable lost, mislaid, or stolen.

I sign this fully realizing that my participation or engagement in the activities of said CLUB may subject me to personal injury or bodily harm. I further have read the forgoing and fully understand the contents of this release indemnity.

NAME : _____

SIGNATURE : _____

APPROVAL AND ACCEPTANCE BY PARENTS OR GUARDIAN

The undersigned, parents or legal guardian of _____ have read the foregoing, understand the same and do hereby accept and agree to the terms, conditions and provisions of the forgoing RELEASE INDEMNITY on behalf of ourselves and said minor intending to be legally bound hereby.

SIGNATURE : _____

ADDRESS : _____
