

Individual Registration Form: Brad Jones Shiai

Name: _____ Male: _____ Female: _____

Dojo: _____ Rank (Colour): _____ Belt

Age: _____

Event Fees: (Please check appropriate boxes)

Individual Kata:

Individual Kumite:

Team Kata:

Registration Fee: \$50.00 one or more events

Cheque Payable to: "The Social Committee" or e-transfer to gu-dextran@rogers.com

IMPORTANT NOTE: If sending payment by e-transfer you MUST include your athletes names and dojo.

Event Date: Sunday, April 6th, 2025. (Registration Deadline: March 8th)

Start time: 9:30am sharp with Individual Kumite

Location: Magna Youth Gym, 800 Mulock Drive, Newmarket, Ont. L3Y 9C1, 905-953-5300

Waiver/Release Agreement.

The undersigned is aware that there are risks and dangers inherent in participating at the Brad Jones Shiai. In consideration of being permitted to participate in the Brad Jones Shiai, I hereby release and waive any claims against Brad Jones, any and all clubs, schools, instructors, members, judges, officials, officers, directors and representatives relating thereto (collectively the "Releases") for any injury or damage which I may suffer while participating at the Brad Jones Shiai including travel to and from the Brad Jones Shiai.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions, those causes of action that I may have or have had, whether past, present or future, whether now known or unknown and whether anticipated or unanticipated by me, arising out of my participation at the Brad Jones Shiai. This Release shall be binding upon me, my heirs, successors, administrators, assigns and legal representatives.

I assume full responsibility for any and all risk of death or personal injury, or property damage, which I may suffer while participating at the Brad Jones Shiai. I expressly acknowledge and assume any and all risk that my participation at the Brad Jones Shiai may subject me to personal injury and bodily harm.

I confirm that I have no past or present medical condition, injury or other physical or mental restriction which may cause or contribute to personal injury or property damage while participating at the Brad Jones Shiai and if in case I have such a condition, I agree to forthwith nullify the releases, as the case may be, and withdraw from the Brad Jones Shiai.

I further agree by signing this Release, I shall indemnify and hold any of the Releases harmless from any and all liability or costs, including legal fees, associated with or arising from my participating at the Brad Jones Shiai.

I acknowledge that I have read this Release and that I understand the words and language in it. I sign this Release freely and voluntarily.

Participants printed name: _____

Parent/Guardian Signature: _____

Date: _____