Milwaukee Koyokai Kendo Club, Inc.

Parent or Guardian Signature

Date

Witness Signature

Date

Assumption of Risk, Release and Indemnification

I,							
involvinundertadefend, and all or cause which rather incl	(print name) ards and exposures involved of ag my voluntary participation ken as an adjunct thereto; and hold harmless, indemnify and its officers, agents, employees es of action of any sort on acc may result from my participatio usive dates of my participatio ikee Koyokai Kendo Club, Ind	in the N I, further I release Is and vo ount of ion in the	Milwaukee Koyokai Ker c, I do for myself, my he e and forever discharge lunteers from and again damage to personal pro e club. I confirm that I	ndo Club, Inceirs, and personante Milwauke ast any and all perty, or personave have health acceived.	., or any independent represente Koyokai Kolaims, demonal injury, inceident insur	ependent acti tative(s) her Kendo Club, nands, and ac Ilness, or de	ivities eby Inc. etions, ath
I unders	stand and acknowledge that th	ie inhere	ent risks may include, b	ut are not lim	ited to, each	of the follov	ving:
2) A ii 3) I 3) I 4) U 5) A 6) F 7) V	Martial arts hazards, such as sloossible injury which can includents or omissions of the Milwinstruction, equipment, protect atent or apparent defects or confilwaukee Koyokai Kendo Confilwa Ke	ude cuts aukee K ion, advondition lub, Inc. my chilub, Inc. icipants	, abrasions, sprains, trau toyokai Kendo Club, Indice or otherwise; as in equipment, propert , or others; ld) of equipment suppli , or others; through proximity;	ama, or death comments, negligent of the comments of the comme	; or non-neglig , supplied by	gent, whether the ereof, I have	
Signature		Date	Witness Signature		Date	-	
Date of	birth						
My current phone number is		My current email is					
In case	if emergency, please contact _				_ at		
to speci	al: In case of emergency, pleas fic medicine, insect bites, etc.	.)				llergies, alle	rgies
	cipant is under the age of eigh						