



Please read carefully	Initial
I authorize JCCC personnel to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above, if contact person/parent or guardian cannot be reached in the case of an emergency.	
I agree, that any pictures taken of myself or my child(ren) during the program by the JCCC can be used in any promotion or advertisement by the JCCC. (*If you have any concerns, please speak with your instructor.)	
I have read and understood and accept the conditions laid out in the JCCC Martial Arts Policy.	
I have read and understood and accept the conditions laid out in the JCCC Code of Conduct.	
I have read and understood and accept the JCCC pick up and drop off guidelines.	

Release of Liability

I hereby make application to join the JCCC program checked above, and upon acceptance of my application, I agree to abide by the rules and regulations set by the JCCC in connection with the program. In consideration of the JCCC accepting my application to join the program, I hereby release the Japanese Canadian Cultural Centre, its directors, officers, employees, instructors, members, volunteers and invitees and licensees from any and all claims, demands, actions, causes of actions, or any other liability or obligation whatsoever arising out of or in connection with my membership or participation in the Martial Arts program of the JCCC, which relating to personal injury or damage to or loss of property or otherwise, whether going to or away from or at or in the premises of the JCCC or elsewhere, and whether in contact or in tort.

Signature of Applicant

Date

Signature of Parent/Guardian (for applicants 18 years and under)

Date