

RIVER CITY IAIDO & KENDO KYOKAI APPLICATION

Name: _____
last first middle

Address: _____
street

city state zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ Date of Birth: _____
month/day/year

How did you hear about us? _____

Circle classes interest in * MJER iaido * ZNKR iaido * kendo * kid's kendo [ages 8-16]

List any health concerns, illnesses, injuries, etc. that may affect your ability to practice with us:

Emergency contact: _____ Relationship to you: _____

Phone(s): _____

WAIVER/RELEASE

I agree that if I engage in any physical activity or exercise or use of any facility in conjunction with River City Iaido & Kendo Kyokai (RCIKK), its instructors, or its members, I do so at my own risk. I agree that I am voluntarily participating in these activities and assume all risk of injury to myself or to my personal property. I agree on behalf of myself and my personal representatives to release and discharge RCIKK from any and all claims or causes of action, known or unknown. I acknowledge that I have carefully read this waiver/release and fully understand that it is a release of liability.

applicant signature

date

signature of parent/guardian if applicant 17 & under

date