



SOUTHERN UNITED STATES KENDO & IAIDO FEDERATION

MEMBERSHIP APPLICATION

Name: _____
last first middle Japanese kanji, if known

Address: _____
street

city state zip

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

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

Emergency contact: _____ Relationship to you: _____

Phone(s): _____

I agree that if I engage in any physical activity or exercise or use of any facility in conjunction with the Southern United States Kendo & Iaido Federation (SUSKIF), 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 SUSKIF 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