

# Iaido Seminar Registration Form

Please print all requested information.

Check box if New Information

Name of Participant \_\_\_\_\_

\_\_\_\_\_  
(First Name) (Last Name)

Address \_\_\_\_\_

ZIP \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  Male or  Female

Grade \_\_\_\_\_ School \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_

Email Address (Required) \_\_\_\_\_

In Emergency Notify (other than parent or guardian)...

Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## Parental Statement of Agreement - Assumption of Risk, Liability Release and Refund Policy

- Assumption of Risk:** I hereby acknowledge and agree that my child's participation in recreational activities involves inherent foreseeable and unforeseeable risks and hazards which may expose my child, or me, to illness, injury, or death. In consideration of my child's participation in such activities, I for myself, my child, my heirs, my executors and administrators, freely and voluntarily agree to assume and accept any and all risks to my child or myself associated with my child's participation in Salt Lake County recreational activities.
- Release:** In consideration of my child's participation in the Salt Lake County recreational activities, I, for myself, my child, my heirs, my executors and administrators hereby release Salt Lake County and its officers, agents, and employees from any cause of action, claim, or demand of any nature whatsoever I or my child may now have, or have in the future, against Salt Lake County on account of personal injury, property damage, death, or accident of any kind, caused by, arising out of, or in any way related to my child's participation in Salt Lake County recreational activities.
- Indemnification:** In consideration of my child's participation in the Salt Lake County recreational activities, I agree to indemnify and hold harmless County, its officers, agents and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatever cause by, arising out of, or in any way related to my child's participation the Salt lake County recreational activities. I agree that my duty to defend and indemnify the County under this Agreement includes all attorney fees, litigation and court costs, expert witness fees, and any sums expended by or assessed against the County for the defense of any claim or to satisfy any settlement, arbitration award, or verdict paid or incurred on behalf of the County arising out of or in any way related to my child's participation in the Salt Lake County recreation activities.
- Refund:** Refunds may only be requested in person and must be accompanied by a written request. As per Salt Lake County Policy and procedures the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. No refunds shall be given after the first day of the program.
- Collections:** I agree to pay Salt Lake County all costs incurred, together with reasonable attorney's fees in the event that my account is referred for collection. I understand that any account delinquent 30 days or more will be turned over to collection.
- Emergency Treatment:** I hereby authorize Salt Lake Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom.
- Media Consent:** I hereby grant permission to Salt Lake County to use my or my children's photograph, videotaped image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation.
- Name Posting:** Unless otherwise indicated below, Salt Lake County is authorized to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.  
 I do not authorize Salt Lake County to post or publish the name of my child participating in Salt Lake County recreational activities on the Salt Lake County website.

By signing this assumption of risk, liability release, and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure and that I agree to its terms. If any portion of this Agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

Signature: (parent or legal guardian) \_\_\_\_\_ Date: \_\_\_\_\_



**AUSKF AGREEMENT AND RELEASE FROM LIABILITY**

1. **Voluntary Participation.** I, \_\_\_\_\_, acknowledge that I have  
(print name)  
voluntarily applied, or have voluntarily allowed my child \_\_\_\_\_ to apply, to  
(print child's name)  
participate in kendo instruction and training at a dojo or club which is affiliated with the All United States Kendo Federation (hereinafter, any and all affiliated dojos or clubs are referred to as "AUSKF").

2. **Assumption of Risk.** I AM AWARE THAT PARTICIPATION IN KENDO/IAIDO, AS IN ANY SPORT OR PHYSICAL ACTIVITY, MAY CAUSE PHYSICAL INJURY, DAMAGE TO PROPERTY, AND, IN RARE INSTANCES, EVEN DEATH. I AM VOLUNTARILY PARTICIPATING, OR ALLOWING MY CHILD TO PARTICIPATE, IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY, DAMAGE, AND/OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_.

3. **Release.** As consideration for being permitted by AUSKF to participate in these activities and use related facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attack the property of AUSKF, RMKIF, ZenBuKan, the Northwest Recreation & Community Center, and the City of Salt Lake account of injury, damage, or death resulting from the negligence or other acts, however caused, by any employee, agent, or contractor of AUSKF as a result of my, or my child's, participation in kendo/iaido. I hereby release AUSKF from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury, damage or death resulting from my, or my child's, participation in kendo/iaido.

4. **Knowing and Voluntary Execution.** I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN AUSKF AND ME AND SIGN IT OF MY OWN FREE WILL.

Executed on [date] \_\_\_\_\_ at [city] \_\_\_\_\_, [state] \_\_\_\_\_.

\_\_\_\_\_  
*Signature of participant or, if participant is a minor,  
signature of participant's parent or guardian*

\_\_\_\_\_  
*Print name*

**DECLARATION OF WITNESS**

I certify that \_\_\_\_\_ [above participant/parent of participant]  
acknowledged in my presence that he/she read and fully understood the meaning and consequences of the above release, and signed it in my presence.

Executed on [date] \_\_\_\_\_ at [city] \_\_\_\_\_, [state] \_\_\_\_\_.

\_\_\_\_\_  
*Signature of witness*

\_\_\_\_\_  
*Print name*

