

Seattle Kendo Kai Membership Application

Name: _____
Last First Middle

Address: _____
Street Address

City State Zip

Telephone Number () - () -
Home Phone Number Work Phone Number

E-Mail Address _____

Birthdate: _____ Sex: _____ Student: ___Yes ___No

Name in Kanji and/or Katakana: _____

Present Rank: _____ Date Received: _____

Previous Dojo: _____

It is my understanding that the Seattle Kendo Kai (SKK) is a private, non-profit organization. By the submission of this application I hereby agree to abide by the decision of the SKK administration and instructors in determining my standing of active membership.

In order to me a member in good standing, I am aware that all member dues are to be paid on a timely basis. Included in our dues are the SKK, Pacific Northwest Kendo Federation and All United States Kendo Federation annual dues.

I will at my own expense supply myself with the necessary equipment. Equipment borrowed from SKK shall be kept clean and properly maintained. It is my understanding that SKK and all its members shall be free from any liability due to resulting injury from any borrowed equipment whatsoever.

I agree as a member of SKK to observe its rules, regulations and policies and to participate in the activities of the organization. Should I neglect or act in disrespect of these said guidelines, I am fully aware that I may be subject to dismissal.

Upon acceptance as a member of SKK, I will have completed all necessary forms including the "waiver" releasing all members of the Pacific Northwest Kendo Federation of any liabilities due to injuries or damages resulting from any SKK or Pacific Northwest Kendo Federation activity.

Date: ____ / ____ / ____
signature of applicant

Date: ____ / ____ / ____
signature of guardian (if applicant is under 18 years of age)

for Dojo use:

Date of Acceptance: _____

Authorizing Signature: _____

Seattle Kendo Kai Waiver

Name (Print): _____

I agree that all exercises and workouts shall be undertaken by me at my own risk and Seattle Kendo Kai and its affiliated Kendo Clubs (Hereinafter referred to as the PNKF) shall not be responsible in any way for damage or injury to my person or property while I am participating in Kendo activities.

In consideration of my participation in the PNKF, I hereby, for myself, my heirs, executors, and administrators, release and discharge Seattle Kendo Kai (SKK), and/or any member or officer thereof, from all liability for injuries to my person and property occasioned by, or any way connected with my participation in Kendo activities.

Further, I agree that I am required to have accident/health insurance before participating in PNKF/SKK activities.

Date: ____ / ____ / ____

Signature of Participant

Date: ____ / ____ / ____

Signature of Guardian (if participant is under age of 18)

Pacific Northwest Kendo Federation Membership Application

Name: _____
Last First Middle

Address: _____
Street Address

_____ State _____ Zip _____
City

Telephone Number (____) - _____ (____) - _____
Home Phone Number Work Phone Number

E-Mail Address _____

Birth date: _____ Sex: _____ Student: __Yes __No

Present Rank: _____ Date Received: _____

Previous Dojo: _____

I, _____ hereby apply for membership in the Pacific Northwest Kendo Federation. I agree, upon my acceptance as a member, to observe the rules and regulations established by the Federation, and to cooperate in promoting the art of Kendo. I understand that acceptance as a member is conditional upon my herein agreed-upon waiver of liability to the effect that the Federation shall be in now way responsible for the injuries or damages incurred during Federation activities.

Date: _____
signature of applicant

Endorsement of Dojo or Club: _____
signature of Dojo Officer

for Official Use Only:

Date of Acceptance: ____ / ____ / ____

Executive Secretary, Signature: _____

Pacific Northwest Kendo Federation Waiver

Name (Print): _____

I agree that all exercises and workouts shall be undertaken by me at my own risk and Pacific Northwest Kendo Federation and its affiliated Kendo Clubs (Hereinafter referred to as the PNKF) shall not be responsible in any way for damage or injury to my person or property while I am participating in Kendo activities.

In consideration of my participation in the PNKF, I hereby, for myself, my heirs, executors, and administrators, release and discharge the PNKF, and/or any member or officer thereof, from all liability for injuries to my person and property occasioned by, or any way connected with my participation in Kendo activities.

Further, I agree that I am required to have accident/health insurance before participating in PNKF activities.

Date: / /

Signature of Participant

Date: / /

Signature of Guardian (if participant is under age of 18)