

KACHI MUSHI KAIJŌ
KMK JUDO
REGULAR JUDO LESSONS – 2023 to 2024 SEASON

Release Form for **Minors** (Under 18 years of age)

NOTICE: This is a legal document, which must be properly completed and signed. PLEASE READ CAREFULLY. It affects your rights. If you do not understand it, obtain legal advice before signing.

RELEASE, INDEMNITY, WARRANTY, AND ASSUMPTION OF RISK

IN CONSIDERATION OF _____ (hereinafter referred to as "the said child") being permitted to participate in REGULAR JUDO LESSON(s) at the (Kachi Mushi Kaijo/KMK Judo) (hereinafter referred to as "this event"), I/We for myself/ourselves and for and on behalf of the said child hereby release, remise and forever discharge, and agree to indemnify and save harmless The Ontario Judo Black Belt Association, the organizers of the (Kachi Mushi Kaijo/KMK Judo), located at, 1324 Pembroke Street West, Pembroke, Ontario, K8A 7A2, their respective officers, executives, directors, officials, agents, servants and representatives (hereinafter referred to as "the Releases") from and against all claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to the person or property of the said child, or myself/ourselves, howsoever caused, arising out of or in connection with the said child participating in this event and notwithstanding that the same may have been caused by, contributed to or occasioned by the negligence, breach of contract, breach of a common duty of care as an occupier of premises, or otherwise, of or by the Releases or any of them.

I/We agree for myself/ourselves and for and on behalf of the said child to assume all risks, both known and unknown, and all consequences thereof, arising out of or in connection with the said child competing or participating in this event and to adhere to all rules, regulations and conditions of this event.

I/WE CERTIFY THAT:

- 1. The said child is in good physical condition and has no injury, disease or disability nor has he/she injected or ingested anything that would impair his/her performance or physical condition or increase the likelihood of injury in competing or participating in this event.**
- 2. No physician, nurse, therapist, trainer, coach, manager, or other person has advised me/us not to allow the said child to compete or participate in a body contact sport or in this event.**
- 3. I/We am/are aware that there is a high risk of injury by the very nature of the sport.**
- 4. We are the father and/or mother of the said child or the Guardian(s) of the said child and the only person(s) entitled to act for and on behalf of the said child.**

THIS DOCUMENT SHALL BE BINDING UPON THE SAID CHILD, MYSELF/OURSELVES, THE HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND PERSONAL REPRESENTATIVES OF EACH OF US AND THE SAID CHILD.

1/We have read this document and I/we understand it fully.

PARENT/GUARDIAN

PARENT/GUARDIAN

DATE:

SIGNED:

.....

PRINT NAME / RELATIONSHIP

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