

Tla'amin Karate - Application

September 2017 - May 2018

Student Full Name: _____

Telephone: _____ Birthdate: _____

Address: _____ City: Powell River, BC

Postal Code: _____ School: _____

Medical Information: _____

Waiver:

I, the undersigned, do hereby voluntarily submit my application for attendance and participation and do hereby assume full responsibility for any and all damages, injuries or losses that may incur while attending or participating in the Tla'amin Karate Program. I hereby waive all claims against Kolten Laine, Canadian Martial Arts Academy or Tla'amin Nation or its employees individually or otherwise, for any damages, injuries or losses that I may sustain or incur. I fully understand that any medical treatment provided to the participant will be of the first aid type only.

I have read and fully understand the above waiver

Parent/Caregiver Full Name: _____

Parent/Caregiver Signature: _____

Date: _____