

Chida Tsutomu Soke Seminar 2017 Registration Form

Please read the entire form carefully before returning completed and with your payment details. An individual form must be completed for each attendee.

<hr/> NAME (PRINTED)	<hr/> M/F	<hr/> DATE OF BIRTH
<hr/>		<hr/> POSTCODE
<hr/> ADDRESS		<hr/> COUNTRY
<hr/> HOME/WORK PHONE		<hr/> MOBILE PHONE
<hr/> E-MAIL ADDRESS		

<hr/> EMERGENCY CONTACT
<hr/> PHONE

<hr/> DOJO
<hr/> YEARS OF EXPERIENCE & RANK

Health Declaration

In disclosing the below, have regard to anything that may affect your safety or the safety of other participants. Are you prescribed any drugs or have a medical condition which may impair reaction time or judgement?

Yes No

If Yes, what drugs or medical condition? _____

Have you suffered any incapacity requiring medical attention in the past 12 months? Yes No

If Yes, give details: _____

Exclusion of Applicant

Have you ever been excluded from Martial Arts in the past by a medical practitioner or any other person or entity or a Martial Arts Club? Yes No

If Yes, give details: _____

Declaration of Understanding

Martial Arts Is Dangerous

I have read and understood the terms of the Martial Arts Contract or if I did not understand the terms of the contract I requested an independent person to explain them to me.

APPLICANT SIGNATURE

WITNESS SIGNATURE

DATE (DD/MM/YY)

Guardians Consent: (for all persons under 18 years)

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

SIGNATURE

RELATIONSHIP TO APPLICANT

ADDRESS IN FULL

Chida Tsutomu Soke Seminar 2017 Payment Form

SEMINAR FEE

Early bird fee and form by 18 September 2017	AUD \$220 (inc. GST)
Regular fee and form after 18 September 2017	AUD \$270 (inc. GST)

PAYMENT METHOD

VISA | MASTERCARD | CHEQUE | CASH | PAYPAL

NAME ON CARD

CREDIT CARD NO

EXPIRY DATE

CARDHOLDER'S SIGNATURE

CCV*

NB: Where a registrant is unable to attend, any refund is solely at the discretion of the Aikido Shudokan.
+ Overseas cheques must be Bank Cheques

Mail To :Aikido Shudokan, 43 Crissane Road, Heidelberg West 3081, VICTORIA AUSTRALIA
Or E-mail To : admin@aikidoshudokan.com

Martial Arts Contract
Martial Arts is Dangerous
The following must be read carefully:

1. Interpretation

“the Applicant” means the individual who signs this Contract and agrees to be bound by its terms. If the individual is under 18 years of age, the guardian of that individual must also sign this Contract.

2. Acceptance

I, *(full name)*

of *(residential address)*

I, *(full name of Guardian if applicant under 18 years of age)*

of *(residential address of Guardian)*

The Applicant, hereby agree to be bound by the terms of this Contract with Aikido Shudokan, the staff and instructors, hereinafter jointly and severally referred to as “the providers”. The providers agree to permit me to use their premises and facilities for Martial Arts, to instruct me in Martial Arts and related activities (“the service”) upon and subject to the following terms and conditions:

(a) **Seminar Fees**

The Applicant will pay on demand the prescribed or stated fee for the service.

(b) **Medical Conditions**

The Applicant warrants that he or she has not at any time suffered any blackout, seizure, convulsion, fainting or dizzy spells and is not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the Applicant to take part in Martial Arts.

(c) **Exclusion of Applicant**

The Applicant warrants that he or she has not at any time been excluded from Martial Arts by a medical practitioner or any person or entity including a Martial Arts Club.

(d) **Rights of a Consumer**

If the Trade Practices Act 1974 or similar state laws apply to this agreement then certain terms and rights may be implied into this contract which operate for the benefit of the supplier flowing from them, cannot be excluded, restricted or modified by any provision of the contract.

(e) Waiver and Indemnity

In all other cases and except where inconsistent with the above, the Applicant for him/herself, his/her executors, administrators, dependents and other personal representatives, hereby absolves and indemnifies the providers and all their servants, agents, employees and other students or persons under the providers control (the "indemnified") from all liability howsoever arising for injury or damage (including but not limited to the Applicants person, whether fatal or otherwise, property and personal belongings) however caused including by the negligence of the indemnified, arising out of or participating in Martial Arts or in connection with Martial Arts or in anyway caused by, or arising out of, any activity carried on by the indemnified.

(f) Martial Arts done at Applicants own Risk

Any person training Martial Arts, or in activities connected with Martial Arts or participating in any activity carried on by this school / Company are only allowed to do so on the distinct understanding that they do so entirely at their own risk.

(g) Acceptance

Performance of the provider's obligations under the contract may be affected by any one or more of the providers either jointly or severally.

(h) Governing Law

Any agreement entered into pursuant to this acceptance is to be governed by the laws of the State of Victoria and the courts of Victoria shall have exclusive jurisdiction to entertain any action in respect of such agreement.

(i) Agreement to Abide by Aikido Shudokan Rules

I, the applicant, agree that I will abide by the Aikido Shudokan Code of Conduct and agree and acknowledge that any failure to abide by the Code of Conduct may result in my expulsion from the seminar.

(j) Statement of Understanding

I, the Applicant have read, or have had read to me the above conditions and having understood the same, I consent to the activities proposed.

APPLICANT SIGNATURE

DATE (DD/MM/YY)

In the presence of

WITNESS SIGNATURE

[This contract must be signed by a guardian if the applicant is under the age of 18.]