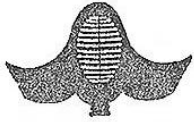


PALO ALTO



剣道

KENDO DOJO

APPLICATION FOR MEMBERSHIP

Please print clearly:

Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work / Alt Phone: _____

FAX: _____ E-Mail: _____

Birthdate: _____ Rank: _____ Date of Rank (if any): _____

Medical Insurance? Yes / No (Please circle one)

If Minor, Parent's or Guardian's Name: _____

Address: _____

City: _____ Zip Code: _____

Routine Health Questions:

Is your general health good? Yes _____ No _____

Are you under a physician's care? Yes _____ No _____

Are you taking any kind of medication regularly? Yes _____ No _____

If yes, state condition for which you take medicine _____

Have you ever had heart trouble, rheumatic fever? Yes _____ No _____

Do you have high blood pressure? Yes _____ No _____

Do you have diabetes? Yes _____ No _____

Do you have thyroid or kidney problems? Yes _____ No _____

Have you ever fainted? Yes _____ No _____

Anything about your health or physical status that may affect your full participation or progress? Yes _____ No _____

If yes, please explain _____

I hereby certify that I shall be personally responsible for any damage caused to the structure, furniture, or equipment of the temple because of the occupancy by me or by my ward. I agree to indemnify and to hold the temple and the dojo harmless from any and all claims, demands, damages, actions, causes of actions, or suits of law or in equity of whatsoever kind or nature, for or because of any matter or thing done, omitted, or suffered to be done by me or by my ward. I have read, understood, and agree to abide by and enforce the rules and regulations governing the use of the temple facilities. It is further understood and agreed that this facility or this dojo may not be used for advocating the overthrow of the Government of the United States of America or the State of California by force or violence or other unlawful means.

Signature: _____

(Applicant, Parent, or Guardian)

N.C.K.F Release Form

Date: _____

RELEASE

I, the undersigned, hereby release the Northern California Kendo Federation, its officers, all instructors of Kendo (Japanese fencing), and fellow students of Kendo, as well as owners, corporations, and such bodies providing dojo(s) (fencing space), practice areas, tournament or demonstration space; including open space, and/or structures from all responsibility and liability for any and all injuries or damages to body or property that might occur during a practice, tournament, demonstration, or while on such above named properties for any purpose related to Kendo, including seminars, business meeting, social gathering, and assembling before or after matters relating to Kendo.

Dojo: _____

Signature: _____

Name: _____

(Printed in block letters)

Persons under eighteen (18) years of age require the consent of a parent or guardian.

Signature: _____

Name: _____

(Printed in block letters)