

MEMBERSHIP APPLICATION



プリンス頓松涛館空手道 産空会

Princeton Shotokan Sankukai

Date _____

Entrance Fee \$100.00

Membership Fee \$50.00

Name _____

Gender _____ D.O.B _____

Address _____ City _____

State _____ Zip _____

Phone: _____ Cell Home (circle one)

E-mail address _____

Referred by _____

Are there any circumstances the instructor should be aware of? (Any information provided will remain confidential)

Signature _____ Date _____

Parent or guardian if student is under 18

I have read and understood the Membership Policies and FAQs (also available on our website). I understand that membership fees are annual and will be automatically renewed as long as student is enrolled, even if the account is frozen.

Waiver of Liability Relating to COVID-19 and/or any other Communicable or Infectious Disease

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and may be spread by person-to-person contact. People reportedly can be infected but show no symptoms and still spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death. An inherent risk of exposure to COVID-19 and/or any other communicable or infectious disease exists in any public place where people are present. Despite reasonable precautions taken, Princeton Shotokan Sankukai, LLC [hereafter Princeton Shotokan] cannot ensure that you will not be exposed to or contract COVID-19 and/or any other communicable or infectious disease as a result of participating in face-to-face instruction, classes, or other related activities.

Princeton Shotokan cannot prevent you or your child(ren) from becoming exposed to, contracting, or spreading COVID-19 and/or any other communicable or infectious disease while utilizing Princeton Shotokan's services or premises. It is not possible to prevent against the presence of disease, including COVID-19. Therefore, if you choose to utilize Princeton Shotokan's services and/or enter onto Princeton Shotokan's premise you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19 and/or any other communicable or infectious disease.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 and/or any other communicable or infectious disease for myself and/or my children in order to utilize Princeton Shotokan's services and enter Princeton Shotokan's rented premises. These services are of such value to me and/or to my children, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 and/or any other communicable or infectious disease in order to utilize Princeton Shotokan's services and premises in person rather than arranging for an alternative method of enjoying the same services virtually.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against Princeton Shotokan and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 and/or any other communicable or infectious disease related to utilizing Princeton Shotokan's services and premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND HAVE RECEIVED A COPY OF PRINCETON SHOTOKAN'S "SPECIAL POLICIES DURING THE COVID-19 PANDEMIC" AND HEREBY AGREE TO FOLLOW THE PROCEDURES AS OUTLINED:

Name of Student (Print): _____

Date: _____

Signature: _____

Signature of parent if student is a minor: _____

Name of parent (Print): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

LIABILITY WAIVER & INFORMED CONSENT

With respect to my participation in the program at Princeton Shotokan Sankukai LLC [hereafter Princeton Shotokan], managed by Mr. Takeshi Kitagawa, I understand that there may be health risks associated with activities requiring physical exertion including but not limited to transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke, or death.

I certify that I and/or my child(ren) can perform physical exercise and acknowledge that I and/or my child(ren) voluntarily participate in exercise activities offered by Princeton Shotokan, and are using equipment with knowledge of the dangers involved. I, as the student or parent/legal guardian of the student, agree that I and/or my child(ren) engage in any physical exercise or activity, and use any Princeton Shotokan amenity on the premises or off premises including any sponsored event, entirely at my and/or my child(ren)'s own risk.

I, as the student or parent/legal guardian of the student, agree that I am and/or my child(ren) are voluntarily participating in these activities and use of Princeton Shotokan's facilities and premises and assume all risks of injury, illness, or death. Princeton Shotokan is also not responsible for any loss of personal property.

I understand that I, as the student or parent/legal guardian of the student, will be fully responsible for complying with any restrictions prescribed for me and/or my child(ren) by a personal physician. If I and/or my child(ren) experience dizziness, fainting, nausea, muscle cramping or any other symptoms while exercising, I and/or my child(ren) should discontinue the activity, notify the instructor, and consult a physician.

This waiver and release of liability includes, without limitation, all injuries which may occur as a result of, your and/or your child(ren)'s use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training, or instruction, (b) the sudden and unforeseen malfunctioning of any equipment, (c) our instruction, training, or supervision, and (d) your slipping and/or falling while in the premise, including adjacent sidewalks and parking areas.

In consideration for being allowed to participate in the program, I, as the student or parent/legal guardian of the student, hereby agree to assume all risk of such exercise, and further agree to hold harmless Princeton Shotokan, Mr. Takeshi Kitagawa, and his respective directors, officers, employees, agents, contractors, and sponsors; and, other participants from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims, that may result from any injury or death, accidental or otherwise, during, or arising in any way from Princeton Shotokan.

In assuming full responsibility for the risk of injuries, damages, or losses that may occur to you and/or your child in, on, or outside the facilities, you hereby fully and forever release and discharge Princeton Shotokan, its respective subsidiaries, affiliates, directors, employees, agents, successors, and assignees, from any and all claims, demands, damages, rights of action, or cause

Initials: _____

of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of your and/or your child(ren)'s use or intended use of the said facilities and equipment thereof, including but not limited to any claim for negligence alleged against Princeton Shotokan, its respective subsidiaries, affiliates, directors, employees, agents, successors, and assignees.

This informed Consent and Release of Liability shall be binding upon my heirs, spouse, or other next of kin, executor, administrators and assignees.

I know of no medical reason that would prevent me and/or my child(ren) from participating safely in the programs at Princeton Shotokan. I hereby assume the risk of injury to me and/or my child(ren) and hereby release, discharge and indemnify the Princeton Shotokan and those associated with it from any and all claims for injury or damages arising from my and/or my child(ren)'s participation in the program.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE.

I HAVE CAREFULLY READ, FULLY UNDERSTAND, AND HAVE RECEIVED A COPY OF "PRINCETON SHOTOKAN SANKUKAI FAQs AND POLICIES" AND HEREBY AGREE TO FOLLOW THE PROCEDURES AS OUTLINED:

Name of Student (Print): _____ Date: _____

Signature: _____

Signature of parent if student is a minor: _____

Name of parent (Print): _____

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

Princeton Shotokan Sankukai

Credit Card Recurring Payment Authorization Form

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time)
- Your payment is always on time
- You can get Rewards Points for paying your bill

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged each billing period for the total amount due for that period. You agree that no prior-notification will be provided. If you have a question about a charge, just email us at princetonshotokan@gmail.com and we will get it sorted as fast as possible.

Please complete the information below:

I _____ authorize Princeton Shotokan Sankukai to charge my credit card
(full name)

at least 1 day before the end of my payment period, for payment of my karate classes. Questions regarding pay period dates must be made in writing and can be directed to princetonshotokan@gmail.com

I understand that I will not receive advanced notice for charges.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above and in the Membership Policies and FAQs. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.