

DATE OF APPLICATION _____
Month Day Year

Pacific Jujitsu Alliance Hombu

Membership Application

Information is for Pacific Jujitsu Alliance Hombu use only - ALL informatoin is confidential

Please Print All Information

NAME _____
First Middle Initial Last

Date of Birth: _____ Current DZR Rank: _____

Home Address: _____
Number Street City State Zip

Home Phone # _____ Cell Phone # _____

E-mail Address: _____

Emergency Contact: _____
Name Phone Number(s)

I have no physical limitations that would prohibit me from physical practice or training in the Martial Arts. If my health status changes, I will immediately notify the school heads. Applicants Initials: _____

If you have any physical condition, disease, injury or other condition that would impair your ability to participate in physical practice or training in the Martial Arts, please disclose the information below:

I am not a fugitive from the law. I have never been convicted of a felony. If my status changes, I will immediately notify the school head. Applicants Initials: _____

If you have ever been convicted of a crime that was classified as a FELONY, please disclose the information below.

I certify with my signature that the above information is true and correct to the best of my knowledge.

Signature of Applicant: _____

Name of your Sensei: Professor Barb Gessner Dojo Name: Rutgers Kodengan

Pacific Jujitsu Alliance Hombu

Release of Liability and Agreement to Participate

INSTRUCTIONS

This agreement and release must be signed by the participant, or their parent(s) or guardian(s) if the participant is a minor (under 18)

PLEASE READ ALL SECTIONS CAREFULLY BEFORE SIGNING

In consideration of being allowed to participate as a member of this dojo, I hereby

1. Agree to follow the dojo safety, conduct, and hygiene rules. If I believe anything is unsafe or beyond my capability, I will immediately advise the head instructor of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that Jujitsu, and other Martial Arts, are a physical contact event and that I will be engaging in activities that might result in serious injury, including permanent disability and death and severe social and economic loss due to my own actions, negligence of others, or conditions of the premises or any other equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
3. I am entering the practice of Jujitsu, and other Martial Arts, entirely on my own free will and understand the importance of following all directions given me by the instructors. I assume all risks involved and accept personal responsibility for injuries that may occur.
4. I grant permission in case of injury to have a doctor, nurse, EMT, or other medical emergency personnel provide me with medical assistance or treatment for such injury.e
5. I agree to release, waive, discharge, and covenant not to sue Professors Bob McKean, Barb Gessner, Mike Tucker, Chris Nicholas, this dojo, its sensei, individual instructors, individual members, or volunteers of the dojo, all which are hereinafter referred to as "releases," from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
6. I/We the parent(s) or legal guardian(s) of this minor participant have instructed, or will instruct, the minor participating to the above warning and conditions and their ramifications and I/We additionally confirm and agree to all of the above statements, conditions, waivers, and releases, and consent to this minor's participation.

I/We have read, and understood the above waiver and are voluntarily signing it.

Printed Name of Participant

Signature of Participant

Date

Signature of Parent/Guardian

Date
