

# CANADA HAYASHI DOJO INC.

## Student Waiver Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Business: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ (ft.) Weight: \_\_\_\_\_ (lbs)

Emergency contact name: \_\_\_\_\_ tel#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Reasons for taking Martial Arts: \_\_\_\_\_

**I, undersigned (or parent/guarantor, if applicable), upon being permitted to join Canada Hayashi Dojo Inc. will obey all rules, and conduct myself as instructed by my sensei. I hereby swear that I shall be faithful to the Martial Arts Organization. I also understand that Canada Hayashi Dojo Inc. is not responsible for any injury, loss, or damage to my person or property howsoever caused during class time, within the dojo and its' facilities, or any other location outside for the purpose of presentation or representing Canada Hayashi Dojo Inc. as a club or a Martial Arts Organization in full.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent/Guardian Signature  
(if under 19 yrs)**

\_\_\_\_\_  
**Hayashi Dojo representative**

\_\_\_\_\_  
**Date**