



STIRLING KARATE
日本空手協会
Japan Karate Association - SKC

Holiday Program



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Please select days:

- 1 Participant - 2 Days -
- 1 Participant - 1 Day -
- 1 Participant - 1 Day -
- 2 Participants - 2 Days -
- 2 Participants - 1 Day -
- 2 Participants - 1 Day -

Registration Details:

Name and Surname: _____
Address: _____
Town/City: _____
State/Country: _____
Postcode/Zip: _____
Country: _____
Email Address: _____
Contact Number: _____

Please let us know if there is anything else we can do.

How did you hear about us? *

We want to know where the next generation of Australia's karate talent hide.

Please contact sensei@stirlingkarate.com.au or call Graz on 043 387 1962 if you have any questions regarding registration.

Please email this form to sensei@stirlingkarate.com.au once complete and payment details will be sent to you.

Waiver, release and indemnity:

1. I acknowledge and understand that each Activity involves physical contact and employs techniques including punches, kicks, strikes and blocks with inherent risks. I further acknowledge that I may suffer injury due to the strenuous, high impact, high velocity and repetitive nature of karate, including but not limited to, bodily injury, property damage, death and disability.
2. I acknowledge that I have been given a safety briefing in relation to the Venue, My participation in each Activity and My use of any equipment which may be provided for use in connection with each Activity. I confirm that I understand how to safely use the equipment and have been given an opportunity to inspect it and the Venue.
3. In consideration of, and as a condition of Stirling Karate's acceptance of My participation in each Activity, I agree to participate in each Activity **entirely at My own risk** and accept that **I am solely responsible** for My own actions and participation in each Activity. I voluntarily assume all risks of injury, illness, death and disability as a result of My participation in each Activity.
4. I acknowledge that I may choose not to participate in any Activity or aspect of an Activity (e.g. part of a drill or competition) and confirm that it is My sole responsibility to refrain from participating in those activities.
5. I acknowledge that I have been requested to inform Stirling Karate if I have any medical condition or injury that may affect or be affected by My participation in any Activity. Regardless of any medical condition or injury I may have informed Stirling Karate of, I unconditionally declare that I am medically fit (both physically and mentally) to participate in each Activity and I agree that any medical condition or injury advised to Stirling Karate does not limit this waiver, release and indemnity. I consent to receiving any medical treatment that Stirling Karate considers necessary before, during or after the Activity.
6. I acknowledge that Stirling Karate does not provide personal accident or medical insurance coverage for participants, and I am responsible for obtaining My own insurance coverage to protect against any injury or loss that I may suffer or incur.
7. I acknowledge that I am solely responsible for any loss or damage to My personal property arising from My participation in, or attendance at, each Activity.
8. I agree to abide by all codes of conduct, rules for attendance and instructions provided by Stirling Karate during or in respect of an Activity.
9. I acknowledge that participants under the age of 18 must be supervised by a parent or guardian at all times and must not be left unattended at the Venue, except where prior arrangements are made with Grazlyna Prinsloo or Karin Prinsloo (each a **Head Instructor**). I further acknowledge that Stirling Karate does not take any responsibility for the care or supervision of any participant, whether over or under the age of 18.
10. I acknowledge that photographs and videos may be taken by or on behalf of Stirling Karate during an Activity and consent to the publication and use (in any form) of My name, image, voice, results, statements or otherwise, without payment or compensation.
11. I consent to the collection and storage of personal information for the purposes of administering and conducting each Activity. I consent to disclosure of My personal information for management and storage purposes, the regions where these disclosures (if any) are likely to occur are Australia and New Zealand and the Asia-Pacific region.
12. I acknowledge that I am not entitled to a refund or credit of any nature in relation to the membership or participation fees or ancillary items I have paid in respect of an Activity, for any reason whatsoever, or in any circumstances, unless and to the extent that Stirling Karate is required to provide a refund or payment at law.
13. I (and on behalf of My executors, administrators, heirs, next of kin, successors and assigns) **release** Stirling Karate from all claims, demands and proceedings arising out of or in connection with My participation in an Activity, **waive** all rights that I have or may have against Stirling Karate in contract or otherwise at law and **indemnify** Stirling Karate against all liability (including acts of negligence to the fullest extent permitted by law) whatsoever and howsoever caused arising as a result of or in connection with My participation in an Activity.

I have read and understand this waiver, release and indemnity, and I voluntarily agree to its terms and conditions:

Participant's signature: _____ Dated: _____
Details: _____
Name: _____ Date of birth: _____
Address: _____
Email address: _____ Phone number: _____

If the Participant is under the age of 18, this waiver, release and indemnity must be signed by the Participant's parent/guardian. By signing this document, the Participant's parent/guardian warrants that they are the parent/guardian of the Participant and that they consent to the Participant participating in the Activity.

I have read and understand this waiver, release and indemnity, and I voluntarily agree to its terms and conditions on my own behalf and on behalf of the Participant:

Signature of Participant's parent/guardian: _____ Dated: _____
Details (of parent/guardian): _____ Date of birth: _____
Name: _____
Address: _____
Email address: _____ Phone number: _____