



Oregon Ki Society Membership Application

Oregon Ki Society
P.O. Box 2143
Lake Oswego, OR 97035
503.684.0185
<http://www.oregonki.org>

Participant Information

First Name	Middle Initial	Last Name	Date of Birth
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Contact Information

Street Address	Home Phone		
City	State/Province	Zip/Postal Code	Mobile or Business Phone
Primary Email Address	How did you hear about us?		

Emergency Contact Information if participant is a minor, parent/guardians should be listed

Name	Relationship	Phone Number
Name	Relationship	Phone Number

Additional Information for Minors

School	Grade
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Health/Medical Information

Does the above named participant have any medical conditions (disabilities, allergies, medications, etc.) of which we should be aware? If your answer is YES, please provide details on the back of this form. **Circle one: YES NO**

Articles of Release from Liability and Assumption of Risk

1. I, _____, certify that the above named participant is in good health and has no physical defects which would endanger that health by participating in the practice of Shin Shin Toitsu Aikido and/or Ki Training and/or Kiatsu.
2. I hereby release and discharge the Oregon Ki Society, Northwest Ki Federation, Ki Society HQ, its instructors and representatives from any liability whatsoever, resulting from or in any manner arising out of participation in training or any other activities including but not limited to transportation connected therewith and I acknowledge that I assume the risk of harm and/or injury in said participation in signing this waiver.
3. I understand that training Kiatsu (registered trademark) is part of Ki Training. Use of Kiatsu is limited to enhancing my personal health and that of my family. Practicing Kiatsu professionally or for compensation is prohibited.
4. I represent and covenant that at the time of signing this release and application, I am legally competent to execute it and that before signing it, I have fully informed myself of its contents and execute it with full knowledge thereof.
5. I agree to pay all dues a month in advance, and I understand that dues are not refundable in any situation including but not limited to expulsion. Membership is activated when the participant is actively training.

I do NOT consent to the Ki Society using photos of me or my family in social media or other marketing material. Note that not checking the box means you consent to use of photos.

Signed: _____
Parent/guardian if participant is a minor

Date: _____

Revised 07/2017



Oregon Ki Society

Membership Application Addendum

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COVID Waiver, Release and Indemnification Agreement

In consideration of my participation, the undersigned acknowledges, agrees and declares:

Because the COVID-19 virus is transmitted between people, especially through respiratory droplets, the Oregon Ki Society ("Ki Society") abides by medical and government guidelines.

I accept the risk from my physical appearance and participation at the venue/dojo and in other activities of the Ki Society that may cause injury, illness, ongoing medical issues or death from COVID-19 and I am fully and personally responsible for my own safety and actions during Ki Society classes, programs, and activities.

I have not had symptoms of fever, fatigue, difficulty breathing, dry cough, or any other symptoms related to COVID-19 or any communicable disease within the last 14 days.

I have not, nor has any member of my household, traveled internationally within the last 30 days or visited any area in the United States that is highly affected by COVID-19 within the last 30 days.

I have not, nor has any member of my household, been diagnosed as infected with COVID-19 within the last 30 days.

With full knowledge of the risks involved, I release, waive, and discharge the Ki Society, its board of directors, officers, affiliates, independent contractors, employees, volunteers, representatives, successors, and assigns from any and all liability, claims, demands, and causes of action whatsoever arising out of or related to, directly or indirectly, any loss, injury, illness or death, sustained by me due to COVID-19 while engaged in any activity in, on, or around the premises or while using the facilities.

I indemnify and hold harmless the Ki Society, its board of directors, officers, affiliates, independent contractors, employees, volunteers, representatives, successors, and assigns from any loss, liability, damages or costs incurred due to active or passive negligence or otherwise while I or my children are in, upon, or around the premises, facilities, or equipment or participating in any Ki Society program or activity. I agree that the Ki Society is not required to provide insurance to cover me or my children if we suffer illness, injury, death, or damage on or about the dojo/venue or other facilities while participating in Ki Society classes, programs and activities.

By my signature I acknowledge that I have read and understand the foregoing Waiver, Release, and Indemnification Agreement; I am at least eighteen (18) years old; I am fully competent to give consent for myself and my minor children and/or legal wards; I have been sufficiently informed of the risks involved; and I am signing this Agreement freely and voluntarily without any inducement or representation.

I have read and understand the terms of this Waiver, Release and Indemnification Agreement and agree to its terms.

Signature

Print Name

Date

Revised 08/2020