

# Shotokan Karate of America Special Training Application for Attendance *page one*



 *To apply for attendance at special training you must do the following:*

1. Obtain permission from your instructor.
2. Please PRINT the information requested.
3. All participants must be SKA Members. Your SKA/CSK dues must be paid or your application will be rejected. Bring membership card or proof of paid dues with you to Special Training.
4. Read carefully and SIGN the attached Assumption of Risk, Release of Liability, and Indemnification Agreement, indicating that you have read the entire agreement.
5. Mail this application with a bank check or money order for the amount indicated; payable and addressed to the person indicated for the Special Training you are applying for. Your application must be received by the deadline or a late fee of \$50 will be charged.
6. If you are under 18 years of age, your parent or guardian must complete the Parent's or Guardian's Additional Assumption of Risk, Waiver & Indemnification section at the bottom of page 2 of this form. Note: No one under the age of 16 may attend Special Training.

*Please Print Clearly*

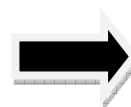
SPECIAL TRAINING YOU ARE APPLYING FOR (INDICATE LOCATION & SEASON):		DATE OF TRAINING:	
		/ /	
NAME:		SKA/BBC CURRENT YEAR DUES PAID	
ADDRESS:			
CITY:	STATE:	ZIP CODE:	COUNTRY:
HOME PHONE:	CELL PHONE:	EMAIL ADDRESS	
( )	( )	@	
DATE OF BIRTH:	SEX:	EMERGENCY CONTACT:	EMERGENCY PHONE:
/ /			( )
DOJO:		RANK:	
LENGTH OF TRAINING:		NUMBER OF PREVIOUS SPECIAL TRAININGS:	
MEDICAL CONDITIONS:			
LIST MEDICATIONS:			
MEDICAL INSURANCE COMPANY:		POLICY NUMBER:	

## APPLICATION FOR SHODAN GRADING *(Summer Special Training only)*

Recommending Senior: \_\_\_\_\_  
 Recommending Senior's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Last S.T. attended: \_\_\_\_\_

**\* All dues and belt fee must be paid in advance (Refund if you do not pass grading)**

*Continues on following page. Read entire agreement and sign.*





*Shotokan Karate Participant*

**ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT**

In consideration for being allowed to be a participant in the Shotokan Karate training, I understand there are dangers in any karate exercise, special training, practice, demonstration, competition, refereeing or testing [together called "Karate Activities"] with the possibility of serious permanent physical and emotional injury, and possibility of death.

I understand that no amount of care, caution, instruction or supervision can eliminate the dangers inherent in these activities.

I hereby personally and volitionally assume all these risks, and I waive any liability for negligence which may result from the conduct, acts or omissions, land or building conditions, equipment or facilities of the Shotokan Karate of America, Inc., Shotokan's domestic and foreign affiliates, Tsutomu Ohshima, and their employees, agents, officers, directors, volunteers, independent contractors, instructors and guests [called "Released Parties"].

I agree to hold these Released Parties harmless, release, and discharge the above named Released Parties from any and all liabilities, claims demands, or causes of action that I may have.

I also agree to indemnify the above-named Released Parties in the event I or my family cause personal injury or property damage to any person or property during the Shotokan Karate Activities.

I understand that this indemnification includes payment for all loss, including any court or arbitration costs, attorney's fees, awards incurred by or adjudged against the above-named Released Parties.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I stipulate and agree that in the event of any dispute regarding this Agreement or pertaining to the Karate Activities, that the venue, forum and jurisdiction shall only be in Los Angeles County, California USA. In the event that I file a lawsuit against any Released Party, I agree to do so solely in the State of California, and I further agree that the substantive law of California shall apply in that action.

If any portion of this agreement is found to be void or unenforceable, I agree that the remaining portions shall remain in full force and effect.

**UNDERSTOOD AND AGREED TO ON (DATE)**

Date: \_\_\_\_\_ By (Print Your Name): \_\_\_\_\_

Your Signature: \_\_\_\_\_

[If participant is under 18 years of age, she or he must sign this form and participant's parent or guardian must complete the form below.]

**PARENT'S OR GUARDIAN'S ADDITIONAL ASSUMPTION OF RISK, WAIVER & INDEMNIFICATION**

In consideration of:

(Print Minor Child Name): \_\_\_\_\_

...being permitted to participate in the Shotokan Karate Activities, I as parent or guardian of said minor child, further agree to assume the risk of harm to my child, agree to release the Released Parties and hold them harmless for all injury to my minor child, and agree to indemnify the Released Parties from any claims which are brought by, because of, or on behalf of my minor child, which are in any way connected with such use or participation by my minor child.

Print name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE ALL EMERGENCY CONTACT NUMBERS FOR PARENT OR GUARDIAN:**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternate Contact /Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

# **Special Training**

## **Description and Medical Information**

**(All participants must sign and submit all 4 pages)**

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

Dojo: \_\_\_\_\_ # of Special Trainings: \_\_\_\_\_

Special Training Location: \_\_\_\_\_

Special Training Dates: (Summer/Winter) \_\_\_\_\_

Special Training Leader: \_\_\_\_\_

**SKA requires all members attending Special Training to read, complete and sign the Special Training Description, Form A, Form B and the Indemnity Agreement.**

**ANY intentional misinformation or omission may result in expulsion from SKA.**

### **Special Training Description**

Shotokan Karate of America (SKA) practices a traditional martial art using vigorous physical training to improve the body and mind. A cornerstone of this training is a several-day event known as Special Training. Special Training is extremely strenuous and is intended to remain as true as possible to the traditions handed down to the SKA over many generations. Thus, the intention is not to change the training to accommodate varying levels of physical strength or endurance. Rather, the goal is to encourage all participants to try to exceed their own perceived physical limits.

Generally, Special Training consists of a series of eight to twelve practices occurring over a span of three to four contiguous days. Each individual practice is physically demanding, often lasting two or more hours. In each practice, a large number of exercises are done continuously. During these practices, there is little or no instruction, there are little or no rest breaks, and there are no water breaks. The emphasis is on practicing hard for an extended time. Between practices, participants have limited time for food and rest. Each two-hour practice is separated by a total of three to six hours, during which participants are encouraged to hydrate thoroughly, get good nutrition, and sleep as much as time permits. Then the next practice begins.

The intent of these practices is to push one's self beyond one's normal perceived limits. Starting right with the first session, practitioners will be extremely tired. This fatigue will turn to exhaustion due to the multiple practices in one day and continuation of this pace for several days. The demands are somewhat comparable to running multiple marathons in a several-day period. It is important that the practitioners be in excellent medical condition, especially with regard to cardiovascular, pulmonary, renal and metabolic function. We request that they be evaluated with those considerations particularly in mind.

The final point is that our organization does not demand that our students attend Special Training, but they must finish Special Training if they start it. This means the entire training, not just one practice. Of course, if a serious injury or medical condition occurs, an exception is made. Other than that, if someone leaves Special Training without specific permission from the leadership, the person cannot return to practice with the SKA ever again. This conveys the seriousness with which we regard Special Training. Thus, it is imperative that a person not attend Special Training unless he or she is in excellent physical condition and is capable of completing the entire training.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# Form A

## Shotokan Karate of America Medical Information

**MEDICAL CONDITION(S) / ALLERGIES: List any:**

---

---

1. Are you under a doctor's care for any of these conditions?    yes    no

2. Have you spoken to your doctor about attending Special Training?    yes    no

If no, explain:

---

---

3. Please list medications you are required to take, or indicate "none"

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

4. Do you have any training restrictions:    yes    no

If yes, describe:

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Form B**

SKA strongly advises all members who want to attend special training but who have a history of serious illness, including but not limited to any of the illnesses listed below, to seek guidance from a physician. The physician should read the special training description and evaluate the medical safety of the member's participation in special training based on the member's condition. Because of the strenuousness of special training, any one of the conditions listed below could cause a medical problem leading to hospitalization or even death.

***Read and circle any that apply to you. If none apply circle "NONE"***

- CVA / TIA / Severe Migraines / Concussion in the past year
- COPD / Asthma / Use of an inhaler required / Anaphylaxis
- Angina/ MI (heart attack) / Heart arrhythmia / CABG / Uncontrolled Hypertension requiring hospitalization / Pace Maker
- Diabetes (with Insulin use or oral meds) / Diabetic Ketoacidosis

***NONE***

***After reading the description of Special Training and reviewing the member's health concerns, the physician approves of the member's participation in Special Training.***

---

Printed Physician Name

---

Date

---

Physician's Signature

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Shotokan Karate of America, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SKOA"), I hereby agree to release, indemnify, and discharge SKOA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in martial arts activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** slips and falls; falling from equipment; collision with fixed objects or people; muscular strains and tears, concussions, fractured bones, bruises, cuts, organ damage, nerve damage, head, neck and back injuries; scratches, bruises, sprains, lacerations, or even more severe life threatening hazards; psychological damage; dehydration; permanent disability; the possibility of eye damage or loss of hearing; the failure to work out safely or within one's own ability or within designated area; the negligence of other participants or persons who may be present; my own physical condition, and the physical exertion associated with this activity. Traveling to and from shows, meets or exhibitions raises the possibility of any manner of transportation accidents.

Furthermore, SKOA personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SKOA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SKOA's equipment or facilities, **including any such claims which allege negligent acts or omissions of SKOA.**

4. Should SKOA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against SKOA, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SKOA on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at SKOA.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by SKOA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SKOA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_