



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: _____

FOR OFFICE USE ONLY

Entered in ZP ____

Initiation Paid ____

Card Requested ____

Revised 12/2023