



# MEMBERSHIP APPLICATION

## for Ki development and Ki-Aikido

Please print clearly

NAME (Last, First, M.I.):			HOME TELEPHONE (include area code):		
MAILING ADDRESS:			WORK TELEPHONE (include area code):		
CITY:	STATE:	ZIP CODE:	DATE OF BIRTH:		
E-MAIL ADDRESS:			TODAY'S DATE:		

NAME OF EMERGENCY CONTACT:	TELEPHONE NUMBER:
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How did you hear about the Ki Society?

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Indicate on the back of this sheet any health or medical information that might affect your participation in this class.

### Articles of Release from Liability and Assumption of Risk

- 1) I, \_\_\_\_\_, certify that I am in good health and have no physical defects which would endanger my health in participation and practice of Shin Shin Toitsu Aikido Training, Ki Training and/or Kiatsu® Training.
- 2) I hereby release and discharge the Oregon Ki Society, Northwest Ki Federation, Ki Society International, and its instructors and representatives from any liability whatever, resulting from or in any manner arising out of my participation in training or any other activities but including but not limited to transportation connection therewith.
- 3) 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.
- 4) I agree to pay all dues a month in advance, and I understand that it is not refundable in any situation such as expulsion, etc. Membership is activated when signee is actively training.

Signed: \_\_\_\_\_

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