



**judo  
alberta**  
THE ALBERTA KODOKAN BLACK BELT ASSOCIATION

Judo Alberta – The Alberta Kodokan Black Belt Association  
11759 Groat Road NW  
Edmonton, Alberta, Canada T5M 3K6  
Office: (780) 427-8379  
Toll-Free: (1-866) 919-5836  
Fax: (780) 447-1915  
Email: judo@judoalberta.com  
www.judoalberta.com

**APPLICATION FOR MEMBERSHIP**

Application Date: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Judo Passport No. \_\_\_\_\_

**RELEASE AND INDEMNITY**

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

**SENIORS (18 years and older)**

In consideration of the acceptance of our application for the membership in Judo Alberta and its affiliate members and/or in consideration of my being allowed to participate in classes, club events or in any competition, I hereby release, remise and forever discharge, and agree to indemnify and save harmless to Judo Alberta and its affiliate clubs, and/or its directors officers, members, organizers, teachers, instructors, coaches, referees, agents, officials, employees, Judo Canada, representatives or any visitors, from and against all claims, actions, costs, and expenses and demands in respect of death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in any class, club event or in any competition and notwithstanding that the same may have been caused by the , contributed to or occasioned by the negligence of the said clubs, its directors, officers, members, organizers, teachers, instructors, coaches, referees, agents, officials, employees, representatives or any visitors.

This release and indemnity shall be binding upon myself, my heirs, executors, administrators, assigns, and personal representatives.

Name (Signature): \_\_\_\_\_ Name (Print): \_\_\_\_\_

Witness (Signature): \_\_\_\_\_ Witness: (Print) \_\_\_\_\_

