

NEW ORLEANS SHOTOKAN ACADEMY



3900 General Taylor St. New Orleans,
Louisiana, 70125 (504) 432-8667

INDIVIDUAL MEMBERSHIP APPLICATION

First	Middle	Last	
Street Address :	City :	State:	Zip :
Application Date	Work Phone/Ext.	Home Phone	
E-Mail Address	Fax Number	Cell Number	
Current Height:	Current Weight:	Uniform Size:	
Birth Date	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Do you have Health and Accident Insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Membership Status <input type="checkbox"/> New Student <input type="checkbox"/> Renewal	Length of Training:	Occupation:	
Last School or College:		Last Degree Received:	
<p>I wish to participate in training and receive instruction in the art of Martial arts from the NOSA. In consideration of the training and service provided to me by the NOSA and its affiliated clubs and instructors, I hereby freely and knowingly accept and agree to the following terms and conditions, to wit: 1) Assumption of Risk: I understand that Martial arts is a hazardous activity that involves inherent risks of serious physical injury. With full knowledge of risks involved in Martial arts, I expressly assume all the risks of harm to myself arising from the practice of Martial arts with the NOSA; 2) Release of Claims and Waiver of Liability: I hereby expressly and for all times, on behalf of myself, my heirs, successors and assigns, executors and personal representatives release and agree to hold harmless NOSA from any claim, demand or cause of action At law or equity from any injury to me that arises or might have arisen from my participation in the practice of Martial arts, from my use of the equipment of the NOSA or from my participation in any activity associated directly or indirectly with NOSA, or from my use of Martial arts techniques; and 3) Indemnification : I hereby agree to indemnify and hold harmless NOSA from any claim, demand or cause of action At law or equity, including, but not limited to, any claim of personal injury, that may be asserted against the NOSA by any third party as a direct or indirect result of my participation in the practice of Martial arts, from my use of the equipment of the NOSA, from my participation in any activity directly or indirectly associated with the NOSA, or from my use of Martial arts techniques.</p> <p>Furthermore, by signing this application and paying or authorizing payment of my annual membership dues, I certify that: 1) I have never been arrested for, convicted of or received deferred adjudication for any sex offense, felony or other crime(s) of moral turpitude; or, if so, I must apply for membership (and receive approval) through the NOSA directly with a letter of explanation regarding complete details; 2) I have never been incarcerated in any local, state or federal jail or prison for any sex offense, felony or other crime(s) of any nature whatsoever, or if so, I must apply for membership (and receive approval) through the NOSA directly with a letter of explanation regarding complete details; and, 3) I have consulted with and been examined by a licensed physician and released to participate in the vigorous activities associated with Martial arts training; Either I have health insurance or I will be solely responsible for any medical expenses necessitated by participation in this activity; and I further certify that I do not have any infectious diseases or blood borne pathogens, including but not limited to HIV/AIDS, HAV, HBV, HCV, HDV, HEV, Herpes, or any other similar infectious diseases or blood borne pathogens; or, if so, I must apply for membership (and receive approval) through the NOSA directly with a letter of explanation and a licensed physician's statement regarding complete details.</p> <p>COVID 19 Representation of Good Health. PARTICIPANTS represent and warrant that they are in good health and in proper physical condition to participate in the ACTIVITIES. PARTICIPANTS also represent that they do not have a fever greater than 100 degrees Fahrenheit and that they have not been exposed to COVID-19 in the last 14 days. PARTICIPANTS agree that participation in the ACTIVITIES creates a risk of serious bodily injury, including the risk of contracting viruses including but not limited to exposure to COVID-19. PARTICIPANTS knowingly and freely assume all such risks, both known and unknown, even if arising from the general negligence of NOSA or others. Waiver of Liability. To the fullest extent permissible under law, PARTICIPANTS agree to hold NOSA harmless and forever waive, release, and discharge NOSA of and from any and all liability and responsibility for any and all damages or claims of any nature or kind that PARTICIPANTS may sustain in connection with or arising out of participation in the ACTIVITIES, whether such damages or claims result from other PARTICIPANTS' negligence, contact spread of viruses, products liability, strict liability, or the fault or negligence of NOSA. Acknowledgment of Risk. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by engaging in ACTIVITIES and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NOSA employees, volunteers, and other PARTICIPANTS and their families.</p> <p>I acknowledge and agree that I am delivering a copy of this document electronically (by email) to NOSAwaivers@gmail.com, that the signature on the copy belongs to the Member or legal guardian of minor Member shown above, and that the signature is intended to authenticate this writing and to have the same force and effect as a manual signature. I certify that this application is correct in every material aspect, including but not limited to my (street) address and birth date. The Applicant agrees to be bound by the rules and by laws of the NOSA, including all Policies. NOTE: Parent/Guardian signature if member is under 18 years old.</p>			
Member's Signature		DATE	Parent/Guardian Signature