



# JUDO 2000\_\_\_\_\_



## MANITOBA BLACK BELT ASSOCIATION REGISTRATION FORM

LAST NAME	GIVEN NAMES
<input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE	
ADDRESS	
CITY	POSTAL CODE
BIRTHDATE (MM/DD/YY)	PHONE
CLUB	
JUDO CANADA NUMBER	RANK
INSTRUCTOR(S)	

### INDEMNIFYING RELEASE

I, \_\_\_\_\_ agree to save harmless and keep indemnified any or all of the Manitoba Black Belt Association & \_\_\_\_\_ and/or their organizers and their respective directors, agents, officials, servants and representatives from and against all claims, actions, costs and expenses and demands in respect to injuries, death, loss or damage to my person or property howsoever caused, arising out of or in connection with my membership in and/or participation in competitions, tournaments, demonstrations, or any other activities hosted, arranged, sponsored or held by any of all the above-named organizations and notwithstanding that the same may have contributed to or occasioned by the negligence of the said organizations or any of them, their agents, officials, servants or representatives. It is understood and agreed that this Agreement is to be binding on myself, my heirs, executors and assigns.

In witness whereof, I/we have here under set my/our hand and seal this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

#### COMPETITOR

  
  


**JUNIOR**  
**SENIOR**  
**BLACK BELT**

#### NON COMPETITOR

  
  


**SIGNATURE** \_\_\_\_\_  
(PARENT OR GUARDIAN IF APPLICANT UNDER 18)