

9447-5381 Québec inc. (École de Karaté Shinka)

MEMBER INFORMATION FORM



Name : _____

Date of Birth : _____

Address : _____ City : _____

Email : _____

Tel/Cell: _____

Emergency contact : _____

Tel/Cell : _____

The member , or in case of a minor member , Parent or Guardian acknowledges and accepts all risks of injury or other harm arising from various activities at École de karaté Shinka ("The dojo") . The member release The Dojo, it's owners , officers , directors , teachers and employees from any liability , accidents , theft or any other cause . In addition , the members , or in case of a minor member , Parents , or Guardian , admits having been duly notified of the need consult a physician before undertaking some activities at the Dojo and states I have no special medical conditions to report ,except :

(Member, parent or guardian initials)

The Member, or in the case of a minor Member, his or her Parent or Guardian, acknowledges that he or she has not suffered a concussion in the last twelve (12) months. He/she also agrees to disclose this information dojo director as soon as possible should a concussion be diagnosed or suspected.

(Member, parent or guardian initials)

The Dojo reserves the right to cancel the subscription of the member , upon default of the member to respect the rules .

PERMISSION OF PARENTS OR GUARDIAN (in case of a minor member)

I , Parents or Guardian , of the above-mentionned member , agrees that ,he / she , studied at the Dojo and accepts the other conditions stated on this information form .

This agreement complies with the Act on the Protection of the consumer in Quebec .

Dated at : _____ This: _____ of : _____ 20 _____

Signature of the member : _____

Signature of parent or Guardian : _____

REQUEST FOR AUTHORIZATION OF IMAGE RIGHTS

As part of our activities, we use photos for our various publications (Facebook page, website, promotional flyers etc.). These are not individual photos of identity, but group photos or views showing people or children in activity.



In application of the French law on data processing and freedom (n° 78-17) and the rules for the protection of minors, the captions accompanying the photos or videos will not communicate any information that could directly or indirectly identify the members, the children or their families.

The law requires us to have your written permission for this use. Therefore, we would be grateful if you would fill out the form below. Please note that the use of the images is not for profit and does not include the publication of family names (first name only). It should also be noted that no monetary compensation can be requested in exchange for the use of the photos taken. A refusal on your part will result in you being removed from the photo shoot or in the masking of unauthorized faces.

In the event that you refuse to have your picture taken, please advise the person present at the time of the taking of the picture in order to facilitate the processing of the images afterwards.

☐ I authorize

☐ I do not authorize

The instructors of the Shinka Karate School to use in a promotional framework photos or videos of my person or my child taken during the activities of the Shinka Karate School.

Signature of legal representatives

Date