



"Official Home to Wushu in Canada"

WO2A- Individual Member Application Form (effective 1/1/2016)

2370 Midland Ave, #B22, Scarborough, ON, M1S 5C6 416-321-5913, www.wushucanada.com

IMPORTANT: Please note that falsification of this application could lead to automatic rejection or discipline.

Membership Number: [] New Applicant [] Renewal [] Lifetime membership (please check where applicable)

Registration Year: [] Affiliated MEMBER CLUB Name: []

Membership Type: Competitive Athlete - [] High Performance Taolu [] Sanda [] Coach / Official / Judge/ Director General - [] Recreational [] Volunteer
[] annual membership fee \$50 [] annual membership fee \$20
[] lifetime membership fee \$300 [] lifetime membership fee \$100
[] lifetime membership fee \$10 for senior 65 or over
[] one badge for lifetime membership \$50 *N/A for general membership

If you're an Accredited Coach, please attach copies of the followings:-
1. CPR [] , 2. NCCP - FMS [] , MED [] , Nutrition [] , PAP [] , PRI [] 3. Police Check [] , 4. Wushu/KungFu Fundamental Skills []
5. Taiji Fundamental Skills [] 6. Certificate of Accredited Coach Level [] []

Name: [] First Name [] Last Name [] Gender: Male [] Female []
Address: []
City: [] Postal Code: [] Home Phone: [] Cell Phone: []
Date of Birth: [] MM/DD/YYYY Place of Birth [City and Country]: []
Email Address: [] @ []

IMPORTANT: Your email address is mandatory as it will be the primary form of correspondence with WushuOntario. You are obliged to inform WushuOntario if you change your email address.

For Sanda Athletes Only
Recognized Sanda Bouts : Wins [] Losses [] Draws []
Previous involvement in any combative sport: Yes [] No []
Record in other Combative Sports: Bouts [] Wins [] Losses [] Draws []
Previous involvement in any combative sport in another Country: Yes [] No []
If yes to either questions, please attach W04-Athlete BIO Submission Form.
+ Medical documentation is required for Sanda Competitors. ALL classes require ECG results and Approved Medical.

Please check where applicable:
For Competitive Athlete Only
Category: Sanda (check class) [] A [] B [] C [] D [] E [] Age/Level: Under 18 Junior [] 18+Senior []
Taolu [Routine] Age/Level: Under 18 Junior [] 18+Senior []
Payment Method: [] Cheque # [] [] Cash [] Paid to Club Amount Paid: \$ []

(FOR OFFICE USE ONLY)
Citizenship Verified [] Photo on Record []
[Sanda Only] W04 Bio Received [] Medical Attached []
Medical Date: [] MM/DD/YYYY Date Application Received by WushuOntario: [] MM/DD/YYYY

Important Note: Membership is not transferrable. The processing time will take approximately 3 weeks to process (providing proper paperwork and payment is included). Processing time is estimated from the time membership application received at the WushuOntario office.

Signed at [] on the [] day of [] 20 []
Signature: [] Name of Parent/Guardian: [] FIRST NAME [] LAST NAME []
(Applicant or Parent/Guardian if applicant is under 18) (Please Print BLOCK Letter)

Please MAIL completed forms (including Membership, Waiver Form, Medical, and attachments where applicable) and payment to: WushuOntario, 2370 Midland Avenue, #B22, Scarborough, ON M1S 5C6 (FAXES/EMAILS WILL NOT BE ACCEPTED)

Date Received: []/[]/[] - Date Approved: []/[]/[] - Registration # []



**FORM OF WAIVER- WUSHUCANADA
RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE
PLEASE READ CAREFULLY!**

As a Participant in the competitions, programs, activities and events of WushuCanada and its Provincial Sport Organizations (PSOs) or its affiliates, the undersigned acknowledges and agrees to the following terms:

DESCRIPTION OF RISKS

1. In consideration of my participation in the competitions, programs, demonstrations, activities and events of WushuCanada, its PSOs or its affiliates, I hereby acknowledge that I am aware of the risks and hazards associated with or related to any such competitions, programs, demonstrations, activities and events. The risks and hazards include, but are not limited to, injuries from:
 - (a) Physical contact with the instructor, students or other participants;
 - (b) Striking/throwing/tripping/grappling students and participants;
 - (c) Being struck/thrown/tripped/grappled by the instructor, students and participants;
 - (d) Executing strenuous and demanding physical techniques;
 - (e) Vigorous physical exertion, strenuous cardiovascular workouts, rapid movements, including quick turns and stops;
 - (f) Exerting and stretching various muscle groups;
 - (g) Dry land training including weights, running, circuit training and massage;
 - (h) Extreme weather and temperature conditions which may result in heatstroke, sunstroke or hypothermia;
 - (i) Contact, including but limited to, falling or colliding with the ring, walls, stands, equipment, participants, spectators or other objects;
 - (j) Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - (k) Travel to and from competitive events and associated non-competitive events, which are an integral part of WushuCanada's, its PSOs' and affiliates' competitions, programs, demonstrations, activities, and events.
2. Furthermore, I am aware:
 - (a) That, while rules, equipment and personal discipline may reduce exposure to risk, the risk of injury from the activities involved in this event and related activities is significant and can be severe, including the potential for permanent paralysis and death;
 - (b) That the event is of a full-contact nature;
 - (c) That the risk of injury extends to warm-up, sparring, drills and other preparation or ancillary activities that form an integral part of the event;
 - (d) That I may experience anxiety while challenging myself during the activities, events and programs;
 - (e) That I may come into close contact with other participants;
 - (f) That my risk of injury increases as I become fatigued.
3. I willingly agree to comply with the stated and customary rules, terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or coach immediately;

RELEASE OF LIABILITY AND DISCLAIMER

4. In consideration of WushuCanada, its PSOs and affiliates allowing me to participate:
 - (a) I confirm that my physical condition has been verified by a medical doctor within the last six (6) months;
 - (b) **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, INCLUDING BUT NOT LIMITED TO THE RISKS DISCUSSED ABOVE, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION;**
 - (c) I agree to be solely responsible for any injury, loss or damage that I might sustain while participating in the event or any related activities thereto; and
 - (d) I agree to **RELEASE, DISCHARGE, HOLD HARMLESS, UNDERTAKE NOT TO SUE, INDEMNIFY AND DEFEND** WushuCanada, its PSOs and affiliates, Venues and facilities in which events are held, their respective directors,



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officers, committee members, clubs, members, employees, coaches, volunteers, officials, judges, participants, agents and representatives (collectively the "Releasees") from any and all liability, for any and all claims, demands, actions, judgments, executions and costs that might arise out of my participation, even though any such risks, injuries, loss, damage, claims, demands, actions or costs may have been caused by, in any manner whatsoever, including but not limited to, the negligence of the Releasees.

CONSENT FOR USE OF PERSONAL INFORMATION AND PHOTO RELEASE

5. I, the participant and/or parent/guardian, authorize WushuCanada, its PSOs and affiliates to collect and use personal information about me or my child/ward for the purpose of receiving communications from WushuCanada, its PSOs and affiliates, and posting articles of interest, newsletters, promotions, statistics, images and results on the websites of WushuCanada, its PSOs and affiliates.
6. Furthermore, I, the participant and/or parent/guardian, grant permission to WushuCanada, its PSOs and affiliates, to photograph and/or record me or my child/ward's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote WushuCanada, its PSOs and affiliates, through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that the audio/visual material and copyright will remain the sole property of WushuCanada, its PSOs and affiliates, and I waive any claim to remuneration for use of audio/visual materials used for these purposes.
7. I understand that I may withdraw such consent at any time by contacting WushuCanada's, its PSOs' and affiliates', VP Administration. The VP Administration will advise the implications of such withdrawal.

ACKNOWLEDGEMENT

8. **I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS AND ASSIGNS MAY HAVE AGAINST THE RELEASEES.**
9. I acknowledge that I have executed this agreement voluntarily without inducement and I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this agreement.

IMPORTANT:

JUNIOR APPLICANTS (UNDER 18 YEARS OLD) MUST HAVE THE PERMISSION OF A PARENT/GUARDIAN:

<p style="color: #ccc; font-size: small; margin: 0;">FIRST NAME LAST NAME</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center; margin: 0;">Name of Applicant or the Parent/Guardian if applicant is under 18 years old <small>(Please Print BLOCK letter)</small></p>	<hr style="border: 0.5px solid black;"/> <p style="text-align: center; margin: 0;">Signature of Applicant or the parent/guardian</p>	<p style="color: #ccc; font-size: small; margin: 0;">MM/DD/YYYY</p> <hr style="border: 0.5px solid black;"/> <p style="text-align: center; margin: 0;">Date</p>
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Address: _____

Phone Number: _____