



Community Sports

22415 SE 231st Street, Suite C
Maple Valley, WA 98038
Tel 425-432-8000
After 5pm 425-433-0245
Email: info@Community-Sports.org

www.Community-Sports.org

Membership Agreement

(Please Print)

Member's Name _____ Date _____
Age _____ Sport _____
Home Telephone _____ Email _____
Address _____
City _____ State _____ Zip code _____

Parental Information (Required if 18 or under)

Parent / Guardian's Name _____
Home Telephone _____ Email _____
Address _____
City _____ State _____ Zip code _____

By signing this Membership Agreement, the Member hereby agrees that it is acquiring a membership to Community Sports / Cedar River Sports under the terms and conditions set forth below and in the Release and Conditions of Membership. If Member is a minor, the Member's above named parent or guardian by signing this agreement, on behalf of himself / herself, the Member and the Member's parents and successors, agrees to be legally bound by all the terms and conditions referenced above as a condition to Community Sports / Cedar River Sports' permitting the above named minor to become a Member.

MEMBERSHIP TERM: The Member's membership term will be by month, and this Membership Agreement will be automatically continued on a session-to-session basis until the Member provides Community Sports / Cedar River Sports with thirty (30) day's advance written notice at its facilities. The Member owes all dues until proper cancellation procedures have been followed. In consideration of Community Sports / Cedar River Sports granting use of its facilities and services during the membership term, Member promises to pay to Community Sports / Cedar River Sports, its representatives, successors or assigns, the following dues:

MONTHLY DUES: \$ _____ due the first class each month.

NOTICE TO MEMBER REGARDING MONTHLY DUES: The Member acknowledges and agrees that Community Sports / Cedar River Sports may increase the dues at any time with twenty (20) days' advance notice. Community Sports / Cedar River Sports will provide such notice either by posting a description of the increase within Community Sports / Cedar River Sports facilities or by providing the Member with personal written notice by hand or mail. Any membership account more than five (5) days past due is subject to cancellation by Community Sports / Cedar River Sports, and the Member will be responsible for payment of all collection fees, collection costs, and all reasonable attorneys' fees and court costs incurred by Community Sports / Cedar River Sports to collect on such account.

APPROVED AND ACCEPTED FOR:
Community Sports / Cedar River Sports

Member acknowledges that he/she has read and received a
filled-in and signed copy of this Membership Agreement.

Authorized Agent

Signature of Member (or Parent if Member is a minor)

MEMBER ACKNOWLEDGES THAT HE/SHE HAS READ BOTH PAGES OF THIS MEMBERSHIP AGREEMENT CAREFULLY BEFORE SIGNING, AND UNDERSTANDS THAT BY SIGNING HE/SHE IS WAIVING LEGAL RIGHTS AND RELEASING COMMUNITY SPORTS / CEDAR RIVER SPORTS FROM LIABILITIES.

Membership Agreement

Page 2

1. Memberships may be terminated by Community Sports / Cedar River Sports without refund if Member's conduct does not meet generally accepted social standards during activities. Member accepts liability in respect to the conduct of Member's guests at Community Sports / Cedar River Sports or if Member permits use of his/her Membership by unauthorized non-members.

2. Community Sports / Cedar River Sports is not responsible for the conduct, acts, or misleading information conducted or provided by any member of Community Sports / Cedar River Sports and, in addition to the releases below, waives any and all claims, damages, losses or causes of action against Community Sports / Cedar River Sports arising out of activities at or sponsored by Community Sports / Cedar River Sports by any member to any other member.

3. The Member (or Parent/Guardian if Member is a minor) acknowledges that hazards are inherent in the activities participated in by Community Sports / Cedar River Sports members, and hereby assumes all risks of injuries or damages incidental to such activities.

4. IN CONSIDERATION FOR COMMUNITY SPORTS / CEDAR RIVER SPORTS GRANTING THE MEMBER A MEMBERSHIP, THE MEMBER (OR PARENT/GUARDIAN IF MEMBER IS A MINOR) AGREES IN HIS/HER INDIVIDUAL CAPACITY (AND AS PARENT/GUARDIAN ON BEHALF OF THE MEMBER AND THE MEMBER'S PARENTS AND SUCCESSORS) TO RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND COMMUNITY SPORTS / CEDAR RIVER SPORTS, ITS MEMBERS, AFFILIATES AND SUCCESSORS, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, EMPLOYEES, AGENTS REPRESENTATIVES AND INSURERS (HEREINAFTER COLLECTIVELY REFERRED TO AS "RELEASED PARTIES") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS AND CAUSES OF ACTION, OF WHATEVER KIND OR NATURE, WHETHER KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, ARISING FROM OR CONNECTED IN ANY WAY WITH THE MEMBER'S PRESENCE AT COMMUNITY SPORTS / CEDAR RIVER SPORTS AND/OR PARTICIPATION IN ACTIVITIES SPONSORED BY COMMUNITY SPORTS / CEDAR RIVER SPORTS AND/OR CONDUCTED AT COMMUNITY SPORTS / CEDAR RIVER SPORTS' FACILITIES, INCLUDING BUT NOT LIMITED TO ANY CLAIM FOR INJURY, DEATH OR PROPERTY LOSS THAT THE MEMBER (OR PARENT/GUARDIAN) HAS SUSTAINED DURING OR AS A RESULT OF SUCH PRESENCE OR PARTICIPATION. THE MEMBER (OR PARENT/GUARDIAN) FURTHER AGREES TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM ALL DAMAGES, COSTS, EXPENSES AND ATTORNEYS' FEES THAT THEY OR ANY OF THEM MAY SUSTAIN AS A RESULT OF ANY CLAIM BROUGHT BY ANYONE AGAINST ANY OF THEM ARISING IN ANY WAY FROM THE MEMBER'S PRESENCE ON OR PARTICIPATION.

5. The Member (or Parent/Guardian if the Member is a minor) understands and acknowledges that the foregoing release, waiver of liability and indemnification agreement applies TO ALL CLAIMS FOR INJURY OR DAMAGE RESULTING FROM ANY CAUSE, INCLUDING INJURY OR DAMAGE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASED PARTIES OR ANY ONE OF THEM, AND ALSO INCLUDING CLAIMS BASED ON CONTRACT OR STRICT LIABILITY. It is the Member's (or Parent/Guardian's) intention to waive liability and release and indemnify the Released Parties against any and all claims regardless of their nature, any claims based on inadequate instructions, warnings, precautions or safety equipment and any claims based on inadequate supervision or enforcement of laws, rules and regulations AS WELL AS ALL OTHER CLAIMS OF ANY KIND OR NATURE ARISING FROM THE MEMBER'S PRESENCE IN COMMUNITY SPORTS / CEDAR RIVER SPORTS' FACILITIES OR AT ACTIVITIES SPONSORED BY COMMUNITY SPORTS / CEDAR RIVER SPORTS.

6. IF FOR ANY REASON THE RELEASE AND WAIVER OF LIABILITY PROVISIONS OF THIS MEMBERSHIP AGREEMENT ARE NOT ENFORCED (OR ARE REPUDIATED BY A MINOR UPON REACHING THE AGE OF MAJORITY), THE MEMBER (OR PARENT/GUARDIAN IF THE MEMBER IS A MINOR) AGREES IN ALL CAPACITIES TO INDEMNIFY AND HOLD HARMLESS COMMUNITY SPORTS / CEDAR RIVER SPORTS FROM ALL LIABILITIES, DAMAGES, COSTS, EXPENSES AND ATTORNEYS' FEES THAT THE RELEASED PARTIES MAY SUSTAIN AS A RESULT OF ANY CLAIM BROUGHT BY ANYONE AGAINST ANY OF THEM ARISING IN ANY WAY FROM THE MEMBER'S PRESENCE IN COMMUNITY SPORTS / CEDAR RIVER SPORTS' FACILITIES OR AT ACTIVITIES SPONSORED BY COMMUNITY SPORTS / CEDAR RIVER SPORTS.

7. The Member (or Parent/Guardian if Member is a minor) agrees that (a) the purpose of this Membership Agreement is that it shall be an enforceable release of liability and indemnity as broad and inclusive as, and to the maximum extent permitted by Washington law and (b) if any provision of this Agreement is found to be invalid or unenforceable, then the remainder shall have full force and effect, and the invalid provision shall be modified or partially enforced to the maximum extent permitted by law to effectuate the purpose of this Membership Agreement.

8. This Membership Agreement shall be governed by and construed in accordance with the laws of the State of Washington.



**Consent to Disclose Personal Information
And Use of Internet and Public Display.**

Release of Pictures, Video Recording and Audio Recordings

I authorize myself and/or my child(ren) to be photographed, videotaped and/or audio taped in connection with the judo programs and activities of Zenyu Dojo. I understand that I and/or my child(ren) will not be paid for any use of their image or recordings thereof. I additionally consent to the public display and/or use of such images or recordings in connection with Zenyu programs, events, and promotional activities and materials—such as (but not limited to) newsletters, brochures, posters, web site, press releases, etc.

☐ Yes ☐ No, do not use my and/or my child(ren)'s image.

Print Name

Signature

Date

ZENYU JUDO DOJO EMERGENCY INFORMATION

Name (last, first) _____

address _____

city _____ state _____ zip _____

phone (home) _____ (cell) _____

Emergency contact #1

name (last, first) _____ relationship: _____

phone (home) _____ (cell) _____ (work) _____

address _____

Emergency contact #2

name (last, first) _____ relationship: _____

phone (home) _____ (cell) _____ (work) _____

address _____

Medical information

Medications in use _____

Medicine allergies _____

Other information _____

Family Doctor/Group _____ phone _____

Office address _____

Medical insurance plan _____

ID or plan number _____

Preferred Hospital for emergency treatment _____

Minor Medical Emergency Authorization

As parent or legal guardian, I authorize the team physician or, in his/her absence, a qualified physician to examine the above-named student and, in the event of injury, to administer emergency care and to arrange for any consultation he/she deems necessary to ensure proper care of any injury. Every effort will be made to contact parent/guardian to explain the nature of the problems prior to any involved treatment.

I understand that I will assume full responsibility for payment of any services rendered.

Signature of Parent/guardian _____ Date _____



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Health Questionnaire

	YES	NO
1. Are you currently under the care of a physician? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any current/past injuries that would prevent you from safely participating in a contact sport? If yes, please explain _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you consulted with a physician to make sure that a contact sport will NOT have adverse affects on your physical health and/or your current/past medical problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently take any medications that could affect your participation in a contact sport?	<input type="checkbox"/>	<input type="checkbox"/>

We STRONGLY suggest that you consult a physician before participating in any contact sport that is physically demanding.

I have read the above information and, to the best of my knowledge, I have no health injuries/problems that would prevent me from participating in a contact sports program.

MEMBER NAME
(Please print)

SIGNATURE of MEMBER
(Parent/Guardian if member is a minor)

Boxing, Han Mu Do, and Judo are VERY physical contact sports. Boxing involves being punched, and Han Mu Do & Judo involve being thrown, kicked, punched, choked, wrestled, arm barred and joint locked.

Zenyu Judo Dojo

Enrollment Checklist

Please make sure you have the following information filled out and turned in when you apply for membership:

- ☐ Membership agreement (signed).
- ☐ Health questionnaire.
- ☐ Emergency information form.
- ☐ USA Judo form and a check made out to ***USA Judo***.
- ☐ Web consent form (check one option & sign).

Please choose your payment option (check one):

- ☐ Month-to-month (see fee schedule)
- ☐ 6 Month contract (*up to \$90.00 savings*)

Make your check payable to: Community Sports