

# N.T.C - Ninjutsu Training Centres of Central Canada

P.O. Box 1541 Stn. Main - #129 - 2nd Ave. N Saskatoon SK S7K 3R3 Ph. 306-222-1988

## Release

### Notice to participants exclusion of liability

**Assumption of risk: by signing this document : I hereby release the NTC and staff from any liability with respect to damage or injury that I may suffer during participation in physical activity except where the damage or injury is caused by the gross or wilful negligence of the staff within the scope of their duties.**

**(Please read carefully before signing)**

The undersigned hereby acknowledge that there is a risk of illness, personal injury, death, or property loss inherent in my participation in the Training Session(s) to be conducted by the NTC on ("The Training Program").

I also confirm that I am not suffering from any illness or disability that would effect my participation in the Training Program and that I have obtained any medical examinations or medical advice that might be required in order to reduce my risk of participating in the Training Program.

I further acknowledge that the Training Program is not an instructors course and that completion of the Training Program will in no way qualify me to teach to third parties the techniques taught or demonstrated during the Training Program and I hereby agree that I will not endeavor to teach the said techniques to any third parties.

Permission is hereby given to NTC to take and use video, audio, and photographic records of my participation in the Training Program for promotional purposes.

You may cancel this contract at any time within fourteen days after you signed it by sending a registered letter, Fax , or notice by personal delivery to the above address. Any termination after fourteen days of participation by students does not entitle the student to refunds of training fees in whole or in part. In signing this release, I agree to abide by the set conduct code and the rules and regulations as established by BRAD HUTCHINSON, NTC Ninjustu Training Centres of Central Canada.

IF YOU HAVE NOT READ OR ARE NOT WILLING TO ACCEPT THE CONDITIONS AND TERMS SET OUT ABOVE, THEN DO NOT SIGN THIS RELEASE.

I have read and understand the terms and conditions of this release and agree thereto signed at the city of Saskatoon in the province of Saskatchewan this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

Signature: \_\_\_\_\_

(If under 18, parent or guardian must sign)

## Student Information

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Health Conditions:

\_\_\_\_\_