

Camp Okizu's

# Karma ForKids



FOR OFFICE USE ONLY:
Packet mailed _____
Online _____ ✓ _____
T-shirt sent _____
Mat _____
Studio _____

## REGISTRATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Sex (circle one) M F Birth date \_\_\_/\_\_\_/\_\_\_

Employer Position/Title \_\_\_\_\_

**T-SHIRT SIZE (please circle):**

<b>S</b>	<b>M</b>	<b>L</b>	<b>XL</b>
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## RECRUITMENT INFORMATION

How did you hear about karmaforkids?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Radio            | <input type="checkbox"/> Newspaper article | <input type="checkbox"/> <b>Studio</b> _____ |
| <input type="checkbox"/> Television       | <input type="checkbox"/> Poster            | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Magazine article | <input type="checkbox"/> Brochure          |  |

Please identify and **rank** the top 3 reasons motivating you to join karmaforkids (**1-highest, 3-lowest**)

- |             |  |                     |
|-------------|--|---------------------|
| — Challenge | — Improve Spirit/Emotional/Psychic condition | — Support the cause |
|             |  | — Lose weight       |

Please mail, email or fax all forms to:

**KarmaForKids**  
**The Okizu Foundation**  
 16 Digital Drive, Novato CA 94949  
 PHONE 415.382.9058 FAX 415.382.8384  
 email: Julia@okizu.org

## Participant Emergency Form – Health and Fitness Self Evaluation

Welcome to karmaforkids! Please fill out the following form completely and return it via fax or mail to The Okizu Foundation. This information must be received by the foundation staff before you are able to participate in the program – NO EXCEPTIONS!

Medical Insurance Company \_\_\_\_\_ Insurance ID # \_\_\_\_\_

Insurance Phone # \_\_\_\_\_ In case of emergency, please notify: \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Please alert us to any medical conditions that we should be aware of (e.g. pregnancy, asthma, etc.) \_\_\_\_\_

Current medications and reasons for taking them: \_\_\_\_\_

List any previous or current athletic injuries and when they occurred: \_\_\_\_\_

### LIABILITY RELEASE

I, \_\_\_\_\_, intending to be legally bound, understand and agree that I am voluntarily participating in the following Okizu Foundation (Camp Okizu) event: Karma for Kids (hereinafter called "Event") at my own request and at my own risk. I acknowledge that I am aware of all of the risks. I acknowledge that I am aware of all of the risks inherent in this Event and certify that I am physically fit, have not been otherwise informed by any physician, and know of no restrictions imposed on me from actively participating in this Event.

In consideration of being permitted to participate in this Event, I, on behalf of myself, my successors in interest, heirs, assigns and representatives, hereby fully release and agree to hold harmless, and not make any claim against, The Okizu Foundation and its affiliates, their officers, trustees, agents, employees and representatives, successors and entities (be they individuals or organizations, singly and collectively) (herein after collectively called the "Foundation"), together with their insurers, of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the foregoing, death, bodily injury, property damage or any other loss or inconvenience whatsoever (hereinafter called "Liabilities"), suffered by me at any time hereafter occurring as a result of my voluntary participation in this Event, even if the Foundation's liability or my claims, damages, or causes of actions arise as a result of the negligence of the Foundation.

I also give my permission for the free use of my name, picture and voice in any broadcast, telecast, print account or any other account in any medium of this Event.

As a karmaforkids volunteer supporting the Okizu Foundation and its mission, I hereby agree to participate in the KarmaForKids event. I pledge to do everything I can to reach the fundraising goal of \$1000 per participant. I agree that all contributions that I collect are for the benefit of, and will be donated to, The Okizu Foundation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Must be signed by parents or legal guardian if the participant is under age 18 on the date this Release is signed.

The undersigned certifies that s/he is the parent or legal guardian of the participant, and as such on behalf of myself and the participant agrees to the term of this Release, releases all parties and entities set forth above from all Liabilities, and indemnifies and holds harmless the Foundation from all Liabilities.

Signature \_\_\_\_\_ Date \_\_\_\_\_