

2013 Workshop Registration Form

OR

SATURDAY, September 28th 9:30 a.m. – 12:00 p.m. MONDAY, September 30th 7:30 p.m. – 10:00 p.m.

held at the Manitoba Japanese Canadian Cultural Centre, 180 McPhillips Street

Registration Fees:

\$50 single adult\$60 for two adults who register with a friend at one time\$30 for students with ID and JCAM members

Suitable for individuals ages 16 and up who are interested in "trying out" taiko. No experience necessary

Registration deadline is September 13th

Please make cheques payable to: <u>Hinode Taiko Inc.</u> Session size is limited and is subject to sufficient enrollment Successful registrants will receive a confirmation email Fees are non-refundable unless session is cancelled or sold out For more information, please contact us at: info@hinodetaiko.ca or visit our website at www.hinodetaiko.ca

IMPORTANT NOTES:

1. A form of Release and Waiver is attached to this registration form. Please read the Release and Waiver carefully before signing where indicated. The signed Release and Waiver must be handed in by or before the start of the workshop. Participants who are under 18 years of age must have a parent or guardian sign the Release and Waiver.

2. All participants will also be required to complete the Physical Activity Readiness Questionnaire (PAR-Q), which can be downloaded from www.csep.ca/forms.asp, and to hand in the completed PAR-Q by or before the start of the workshop.

Hinode Taiko Workshop 2013 Registration Form (Please print clearly)

Name: Email:		
Address:	Postal Code:	Phone:
Checklist: The registration fee is enclosed with this form The signed Release and Waiver is enclosed w The completed PAR-Q is enclosed with this for Single Adult \$50 Student \$30 Adult	ith this form orm	Please indicate which session: Saturday, September 28th Monday, September 30 th
-	ms should be returned, by Sep 180 McPhillips Street Winnip	

RELEASE AND WAIVER

WHEREAS I wish to participate in a workshop on Japanese drumming (taiko) conducted by Hinode Taiko Inc. ("Hinode Taiko") on September 28th or September 30th, 2013, at the Manitoba Japanese Canadian Cultural Centre, 180 McPhillips Street, Winnipeg, Manitoba (the "workshop");

IN CONSIDERATION of Hinode Taiko allowing me to attend and participate in the training:

- 1) I ACKNOWLEDGE that there are risks associated with participating in the training, including, but not limited to:
 - a) **Superficial injury risks** such as blisters, scrapes, cuts or bruises;
 - b) **Environmental injury risks** such as temporary or permanent hearing impairment from repeated or prolonged exposure to loud noises;
 - c) **Traumatic injury risks** such as fractures or broken limbs, or other external or internal injuries such as might be caused by colliding with other persons, being struck by large wooden drumsticks, or falling during the course of choreographed movements; and
 - d) **General health risks** associated with strenuous physical activity, such as muscle, joint, tendon or other soft tissue injuries, soreness, strains, sprains, tears or inflammation, dehydration, and in rare cases heart attack or stroke.
- 2) (a) I AGREE to participate in the training notwithstanding the above-stated risks;
 - (b) I FURTHER AGREE to assume all related injury and health risks of participating in the training.
- 3) For myself and my heirs, executors, administrators and assigns, I RELEASE Hinode Taiko, the Manitoba Japanese Canadian Cultural Centre Inc., and their directors, officers, agents, employees, instructors and volunteers from any causes of action or claims for injury, death or damage during my participation in the training or thereafter.
- 4) I FURTHER AGREE to indemnify Hinode Taiko, the Manitoba Japanese Canadian Cultural Centre Inc., their employees and anyone acting on their behalf from any claims, including claims arising out of the negligence of any of those persons, which may be made in consequence of the training.
- 5) I STATE that I am of the age of majority and legally competent to sign this Release and Waiver, or that as the parent/guardian of the underage dependant named ______, my signature below signifies my consent to this Release and Waiver on his/her behalf.

IN WITNESS WHEREOF I have set my hand the date set out below.

Witness

SIGNATURE (of parent/guardian, if required)

Date: Please

Please PRINT name here: