

# 2022 Fresno Judo Club Membership Information Update

Please fill out this page and sign the waiver on the back for EVERY member of your family.

**Student Information:**

Today's Date: \_\_\_\_\_

Name (First, MI, Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

USJF/USJI/USJA # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

**Medical Issues/Physical Limitations:** Medical or physical issues or limitations that the instructors should be aware of (i.e. Asthma, epilepsy, heart problems, medication, allergies, neck, back, any limiting problems, or write "none"):

\_\_\_\_\_

**Emergency Contact Information (other than above):**

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

## CONSENT FORM AND WAIVER

AUTHORIZATION FOR RELEASE OF INFORMATION AND/OR  
PUBLIC USE OF IMAGE (PHOTOGRAPH OR VIDEOTAPE)  
FOR MEDIA AND PUBLIC RELATIONS PURPOSES

I hereby give consent to Fresno Judo Club (hereinafter "FJC") to take and use images (photographs or videotape) or sounds recordings of me and/or my child/children and to disclose information about me and/or my child/children to or in any public media, including radio, television, internet or print, or in a FJC publication. I understand that the intended use of such images and information is for advertising, marketing, fundraising or promotional purposes of FJC. I hereby waive the right to or interest in the images or the confidentiality of the information disclosed to the public, as contemplated in this release.

I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of FJC and without any expectation of compensation or other benefit to me. To the extent that any benefit accrues or might accrue to FJC from the use of images or disclosure of information, I hereby and forever waive any interest in or claim to such benefits.

I hereby release and forever discharge FJC (including without limitation all corporate affiliates and officers, directors, trustees, employees, medical staff members and agents) from any and all claims, liability, actions, suits, demands, costs, expenses or indebtedness arising out of, related to, or in any way connected with the use of images or disclosure of the information and materials described herein, and I hereby waive all rights and interest in and to such information and materials.

I have been informed that this authorization is voluntary and is subject to revocation at any time, except to the extent that action has been taken in reliance thereon, by notifying FJC in writing at: 105 W. Dakota Ave. Clovis, CA 93612.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**