



Ontario Taekwondo Association

2355 Keele Street, Suite 201

North York, Ontario M6M 4A2

Tel: (416) 245-8582 e-mail: otasecretarygeneral@yahoo.com

INDEPENDENT BLACK BELT – APPLICATION FOR MEMBERSHIP

Please make cheque payable to: Ontario Taekwondo Association

Name: _____ D.O.B. _____ Gender: M / F

Address: _____

City/Town: _____ Province _____ Postal Code _____

Telephone: _____ E-mail: _____

Black Belt Dan/Poom Level: _____ Certificate Number: _____ (attach copy)

Information about your last Master/Instructor and the club where they conducted lessons:

Club Name: _____

Master/Instructor's Name: _____

Club Address: _____

City/Town: _____ Province _____ Postal Code _____

Did the above Master/Instructor approve your most recent Black Belt accreditation? Yes _____ No _____

If no, please provide who and where you received your most recent Black Belt accreditation.

Club Name: _____

Master/Instructor's Name: _____

Club Address: _____

City/Town: _____ Province _____ Postal Code _____

If you do not have a Master/Instructor, would you agree to have your future testings conducted by the Association? Yes _____ No _____

RELEASE OF LIABILITY AND WAIVER OF CLAIMS

In consideration of the acceptance of the Applicant as a member of the Ontario Taekwondo Association (O.T.A.) and payment of membership dues, the Applicant (Parent or Guardian), his/her heirs, executors, administrators and assigns agree to save harmless and to waive any claim and to keep indemnified the O.T.A. its directors, officers, members, coaches, officials, servants, employees, agents or representatives from any and all claims, actions or causes of actions, costs and expenses howsoever arising out of relating to any activity of the Applicant taking part in or being connected to any activity of the O.T.A. whether caused by negligence of any of the O.T.A.'s directors, officers, members, coaches, officials, servants, employees, agents or representatives. I am also fully aware that in participating in this sporting activity there are some inherent risks attached to it, which may cause injury. I hereby give permission for images of myself, captured during regular and special O.T.A. activities through video, photo and digital camera, to be used for the purposes of the O.T.A.'s web site, promotional material and publications, and waive any rights of compensation or ownership thereto. I understand that the O.T.A. will not disclose any personal information, unless specifically allowed by the Privacy Act or another law. Without listing the generality of the foregoing, the Applicant (Parent or Guardian) further releases the O.T.A. from any recourse which the Applicant may now have or hereafter have resulting from any action or decisions of the O.T.A.

Applicant's Signature: _____

Date: _____

(18 years and older)

Master/Instructor's Signature: _____