



Oregon Ki Society Membership Application

Oregon Ki Society
P.O. Box 2143
Lake Oswego, OR 97035
503.684.0185
<http://www.oregonki.org>

Participant Information

First Name	Middle Initial	Last Name	Date of Birth
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Contact Information

Street Address			Home Phone
City	State/Province	Zip/Postal Code	Mobile or Business Phone
Primary Email Address		How did you hear about us?	

Emergency Contact Information if participant is a minor, parent/guardians should be listed

Name	Relationship	Phone Number
Name	Relationship	Phone Number

Additional Information for Minors

School	Grade
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Health/Medical Information

Does the above named participant have any medical conditions (disabilities, allergies, medications, etc.) of which we should be aware? If your answer is YES, please provide details on the back of this form. **Circle one: YES NO**

Articles of Release from Liability and Assumption of Risk

- I, _____, certify that the above named participant is in good health and has no physical defects which would endanger that health by participating in the practice of Shin Shin Toitsu Aikido and/or Ki Training and/or Kiatsu.
- I hereby release and discharge the Oregon Ki Society, Northwest Ki Federation, Ki Society HQ, its instructors and representatives from any liability whatsoever, resulting from or in any manner arising out of participation in training or any other activities including but not limited to transportation connected therewith and I acknowledge that I assume the risk of harm and/or injury in said participation in signing this waiver.
- I understand that training Kiatsu (registered trademark) is part of Ki Training. Use of Kiatsu is limited to enhancing my personal health and that of my family. Practicing Kiatsu professionally or for compensation is prohibited.
- I represent and covenant that at the time of signing this release and application, I am legally competent to execute it and that before signing it, I have fully informed myself of its contents and execute it with full knowledge thereof.
- I agree to pay dues the first of each month regardless of my attendance. I understand that dues support the operational expenses of an all-volunteer non-profit. I further understand that dues are not refundable.

I do NOT consent to the Ki Society using photos of me or my family in social media or other marketing material. Note that not checking the box means you consent to use of photos.

Signed: _____ Date: _____
Parent/guardian if participant is a minor

FOR OFFICE USE ONLY	Entered in ZP ____	Initiation Paid ____	Card Requested ____	Revised 01/2025
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