

FALL QUARTER 2018 REGISTRATION • 登録用紙

Please **PRINT**, one registration form **PER PERSON**. This form may be duplicated.

Name: _____ Birth Date: M _____ /D _____ /Y _____ F: M:

Address: _____ City: _____ Zip: _____ New Student: Returning Student:

Primary #: () _____ Other #: () _____ Cell #: () _____ E-mail: _____

OPTIONAL Select your race/ethnicity.

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Mixed race (check all that apply) |
| <input type="checkbox"/> Latino | <input type="checkbox"/> Korean | <input type="checkbox"/> Other race/ethnicity |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Vietnamese | Language spoken at home: _____ |

CREDIT CARD PAYMENT REQUIRED INFORMATION. Please provide your email address for your receipt.

Name of Card Holder if different from above: _____ Billing Address if different: _____

Card #: _____ Expiration Date: M _____ /Y _____ Please do *not* add me to the email list.

Class/Tour Title	Location	Start Date	Session/Time	Fees/Tuition
Please make checks payable to: KEIRO NORTHWEST Mail a check with completed registration form to: NIKKEI HORIZONS 1601 E. YESLER WAY, SEATTLE, WA 98122			(Membership fee \$10)	
\$10 Membership fee valid through December 31, 2018 Donations are appreciated to help maintain programs.			Donation to Nikkei Horizons	
			Total Amount	

KEIRO NORTHWEST WAIVER & CANCELLATION POLICY

Please fill out and **SIGN THIS WAIVER**.

I, the undersigned, am a voluntary participant in the Nikkei Horizons program of Keiro Northwest and I accept full responsibility for such participation.

To the extent necessary, because of my health history and general physical condition, I have consulted my personal physician for advice and approval before participation and agree to obtain my own health or accident insurance to cover accidental injury or illness.

I recognize the risks of injury and illness involved in any physical activity including exercise, in the use of power equipment (e.g. electric or gas), sharp tools, chemicals or any other potentially hazardous material or equipment. I understand that responsibility is not assumed by the leaders, volunteers, sponsoring organization or facility. I specifically agree to hold harmless said leaders, volunteers, sponsoring organization, or facility housing this program from any damages I suffer for any injury or illness attributable to my participation.

In addition, I hereby consent to the use of my name, my photograph and or image by Keiro Northwest for the purpose of marketing and fundraising for Keiro Northwest and Nikkei Horizons.

By signing my name below I acknowledge and accept the risk and responsibility for my health and safety and waive to the fullest extent allowable by law any claim I may have for illness or injury against the program, its sponsoring organization, employees or volunteers, and against the facility housing the program.

CANCELLATION: Nikkei Horizons reserves the right to cancel a class, workshop, or tour if it does not meet minimum participation requirements, or cancellation of venue, or withdrawal of an instructor. A full refund or credit will be applied.

WITHDRAWALS: Tuition credit will be granted for weekly classes, if you withdraw before the start of 2nd class. Credits are valid until they are used to take other classes. Annual memberships are not refundable.

For workshops and local tours, you must withdraw 10 days before the date of the workshop, in order to receive full tuition credit.

Signature: _____ Date: M _____ /D _____ /Y _____

911 will be called in the event of an accident or medical emergency.

Emergency Contact Name: _____ Relationship: _____ Emergency Contact #: _____