

# SPRING QUARTER 2019 REGISTRATION • 登録用紙

Please use print for legibility purposes. One form per person. This form may be duplicated.

Name: \_\_\_\_\_ Birth Date: M \_\_\_\_ /D \_\_\_\_ /Y \_\_\_\_ M:  F:   
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Mailing List: Y / N  
 Primary #: ( \_\_\_\_ ) \_\_\_\_\_ Cell #: ( \_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
*Required Required*

Select your ethnicity. Check all that apply. This is information is for internal use only.

- White  Japanese  
 Black/African American  Chinese  
 Hispanic/Latino  Vietnamese  
 Native American/Alaska Native  Other (please specify): \_\_\_\_\_

Primary Language: \_\_\_\_\_

Activity No.	Activity Name	Date(s)	Fees/Tuition
Please make checks payable to: <b>Keiro Northwest</b> Mail a check with completed registration form to: <b>Nikkei Horizons 1601 E. Yesler Way, Seattle, WA 98122</b>		\$35 Membership fee	\$35 Membership fee
		Donation	
		Total Amount	

\$35 Membership fee valid through **December 31, 2019**  
 Donations are appreciated to help maintain our program.

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

Name of Card Holder: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
*If different from the above If different from the above*  
 Card #: \_\_\_\_\_ Expiration Date: M \_\_\_\_ /Y \_\_\_\_ CVC: \_\_\_\_\_

## KEIRO NORTHWEST WAIVER & CANCELLATION POLICY

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, club, workshop or tour if it does not meet minimum participation requirements, cancellation of venue, withdrawal of an instructor or inclement weather. A full refund or credit (valid until use) will be applied for classes, workshops and tours. *Annual memberships are non-refundable.*

**WITHDRAWALS:** If class participants withdraw before the start of the second session, they will be issued a full refund or credit (valid until use). For workshops and local tours, participants must withdraw 10 days before the date of the session in order to receive full tuition credit. *Annual memberships are non-refundable.*

To view the full waiver and cancellation policy visit [www.keironorthwest.org/programs/continuing-education/](http://www.keironorthwest.org/programs/continuing-education/)

Signature: \_\_\_\_\_ Date: M \_\_\_\_ /D \_\_\_\_ /Y \_\_\_\_ *911 will be called in the event of an accident or medical emergency.*

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_