

**TEAM SCKF**  
**PLAYER'S AGREEMENT**

I, \_\_\_\_\_, hereby accept the selection by the Southern California Kendo Federation (“SCKF”) as a prospective senshu to potentially represent SCKF in the AUSKF Championships and agree as follows:

1. **Commitment to Team SCKF.** I recognize that my selection as a representative of the SCKF Kendo Team (“Team SCKF”) is a privilege and not a right. I hereby agree to commit my time and best efforts towards improving my kendo and to contribute to Team SCKF in any way possible.

2. **Attendance.** I have received the Team SCKF Practice Schedule and recognize that attendance at each Team SCKF Practice is mandatory. I agree that I will attend every Team SCKF Practice and all team meetings or events as may be scheduled from time to time, except as otherwise excused by the Manager and Coaches of Team SCKF.. I will arrive no later than 30 minutes before the start of Team SCKF Practice and will exert 100% effort at each Practice.

3. **Player Conduct.** I recognize that as a member of Team SCKF, I represent my dojo, SCKF, AUSKF and the kendo community in the United States. I agree to conduct myself responsibly both inside and outside of the dojo, to display the requisite teamwork and sportsmanship, and treat the senseis, teammates, competitors and guests with respect and courtesy. I hereby agree that any conduct deemed by the Manager and Coaches to be detrimental to Team SCKF, including disrespect towards others, lack of self-control, or lack of commitment, may be grounds for removal from Team SCKF. I understand that before I am removed from Team SCKF, I will be given a warning and a chance to correct the detrimental conduct. I understand that no unexcused absence or tardiness to Team SCKF practices is allowed.

4. **Participation at AUSKF Championships.** I recognize that the extent of each player’s participation at the AUSKF Championships is at the sole discretion of the Manager and Coaches of Team SCKF. I accept that I may be selected to participate (i) only in the individual competition, (ii) only in the team competition, or (iii) as an alternate or *hoketsu* in either the individual or team competition, in which case I may not have the opportunity to participate in the actual competition.

5. **Right to Terminate any Player.** I hereby acknowledge my understanding of, and agree to comply with, the provisions set forth in this Player’s Agreement. I accept that, pursuant to the terms of this Player's Agreement, the Manager and Coaches of Team SCKF reserve the right to terminate any player for a breach of any provision of this Agreement.

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Member’s Name

Member’s Signature

Date

## TEAM SCKF LIABILITY WAIVER FORM

EACH statement MUST be initialed and signed by each prospective Team SCKF Member (the "Team Member"). In the event the Team Member is under the age of 18, a **Parent/Guardian** MUST initial and sign on behalf of the Team Member.

In consideration of being selected as a prospective Team SCKF Member for the AUSKF Championships, the receipt and sufficiency of which are hereby acknowledged, and in consideration of permission to participate in the Team SCKF training and practices, the undersigned (or the Parent/Guardian on behalf of the Team Member), for myself, my heirs, personal representatives or assigns, hereby agrees to the following:

\_\_\_\_\_ Acknowledge & fully understand that the Team Member is voluntarily participating in activities that involve risk of injury (including major injuries or death) which may result from their own actions, inactions or negligence, as well as the actions, inactions, or negligence of others, the rules of play, the conditions of the premises or any other affiliated circumstances. This includes any risks not reasonably foreseeable to SCKF or AUSKF.

\_\_\_\_\_ **Acknowledge and recognize that participation in the training regimen of Team SCKF involves extreme physical contact and strenuous cardiovascular stress, and to recognize, assume and accept all the inherent risks related to participation in such Team SCKF activities, including the risk of personal injury, death, property damage or loss.** Such risks include, but are not limited to, injury resulting from physical exertion or movement, injury resulting from a physical strike, thrust or contact with a shinai (bamboo sword) or other equipment used in kendo, any physical contact with any other participant (including any manager(s), coach(s), instructors, teammates, competitors or any other member of AUSKF), injuries resulting from dehydration, exhaustion, heat stroke, concussions, heart failure, stroke or other injury related to strenuous cardiovascular stress or physical contact (including myocardial infarction and sudden cardiac death), and any physical, mental or emotional stress or stress-induced injuries related thereto. The Team Member hereby recognizes, accepts and assumes all the foregoing risks & accepts personal responsibility for any damages or cost of expenses following any such injury.

\_\_\_\_\_ Unconditionally release, waive, & covenant not to sue SCKF, AUSKF, or any of its officers, directors, administrators, agents, manager(s), coach(s), trainers, team doctors, instructors, teammates, competitors and/or volunteers of SCKF, AUSKF, any sponsoring agencies, sponsors, advertisers or supporters of SCKF, AUSKF (the "Indemnified Parties") from any and all claims, causes of action, injuries, damages or costs of expenses that the Team Member may now and in the future have against the Indemnified Parties, including claims, causes of action, injuries, damages or costs of expenses resulting from the risks set forth above and/or the participation in any SCKF or AUSKF official or unofficial activities, events, practices, or competitions.

\_\_\_\_\_ To authorize the manager, coaches or trainer of SCKF, AUSKF, any on-site volunteer medical/first aid staff, or any other individual present at the scene of any injury to the Team Member, to provide appropriate medical treatment to the Team Member. If an emergency transport is deemed necessary, the Team Member authorizes the same to summon an ambulance to transport the Team Member to the hospital. The Team Member requests & authorizes Shuntaro Shinada, M.D., or any other physician, athletic trainer, technician, first aid personnel, nurse, dentist or other individual, to perform any diagnostic, treatment, or operative procedures, & x-rays for the Team Member. The Team Member recognizes that he/she has not been given any guarantee as to the results of such examination or treatment, and shall accept total responsibility for any and all medical costs of the Team Member. The undersigned hereby unconditionally releases, waives, & covenants not to sue Shuntaro Shinada, M.D., from any and all claims, causes of action, injuries, damages or costs of expenses that the Team Member may now and in the future have against Shuntaro Shinada, M.D., including claims, causes of action, injuries, damages or costs of expenses resulting from any medical treatment, diagnosis or opinion provided by Shuntaro Shinada, M.D. in connection with any of the activities described herein.

Team Member's Name	Team Member's Signature	Date
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Parent/Guardian Name (under 18 years old)	Parent / Guardian Signature	Date
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