

HOLLYWOOD JAPANESE CULTURAL INSTITUTE
3929 Middlebury Street, Los Angeles, CA 90004
(323) 664-2070 E-mail: hollywoodjci@gmail.com

MEMBERSHIP APPLICATION FOR YEAR _____

Annual Membership: \$20 Adult Individual \$30 Family (including minors under 18 or students under 24)

Check One:

NEW RENEWAL

Check One:

ADULT MEMBER (18 or older) PARENT OF MINOR PARTICIPANT
 SENIOR EXEMPTION: 80 YEARS AND OVER

PLEASE PRINT LAST NAME _____ FIRST NAME _____ SPOUSE _____

Minor Participant _____ Birth Date _____ Class/Org _____

Minor Participant _____ Birth Date _____ Class/Org _____

Minor Participant _____ Birth Date _____ Class/Org _____

STREET ADDRESS _____


CITY _____ STATE _____ ZIP _____ PHONE () _____

EMAIL ADDRESS _____

Semi-annual newsletter & HJCI related messages will be sent via email. (Note: You can also decline at a later time.)

Decline If you also want a hardcopy of the newsletter, check one: U.S. Mail Pick up

EMERGENCY CONTACT _____ Phone () _____ Relationship _____

Please check  Organization(s) you and your family belong(s) to:

- | | |
|--|--|
| <input type="checkbox"/> Daito Ryu Kodokai | <input type="checkbox"/> Judo |
| <input type="checkbox"/> Gardeners' Association | <input type="checkbox"/> Karate |
| <input type="checkbox"/> Hollywood Buddhist Church | <input type="checkbox"/> LA Daiku |
| <input type="checkbox"/> Japanese Language School | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> General supporter of HJCI |

LIABILITY RELEASE AND WAIVER

For and in consideration of my being permitted to use the facilities and equipment of the Hollywood Japanese Cultural Center and any class that I attend at this location, and further to be allowed to enter, remain, and be on the premises owned, operated, supervised, or managed by the above-stated organizations, or any other place in the course of the activities of the above stated organizations, or any other place in the course of the activities of the above-stated organizations.

I, THE UNDERSIGNED, DO HEREBY EXPRESSLY WAIVE AND RELEASE all and any rights, claims, demands, actions or judgments, which I, the undersigned, ever had, now has, may have, or claimed to have, against the above-stated organizations, their officers, members, agents, or employees of any and all personal injuries and damages and any and all injuries to property, real or personal, which might be caused by the, arise out of, or result in connection with my presence on the premises of the above stated organization or otherwise by my participation in any activity organized, supervised, or conducted by the above- stated organizations or wherever located.

I HAVE READ THE CONTENTS OF THIS RELEASE AND WAIVER AND UNDERSTAND ALL ITS TERMS.

I EXECUTE THIS RELEASE AND WAIVER VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

I AGREE TO HAVE MEDICAL INSURANCE FOR EACH PARTICIPANT.

I HEREBY CONSENT TO THE USE OF MY NAME, PHOTOGRAPH AND/OR IMAGE BY THE HJCI FOR ITS PROMOTIONAL PURPOSES.

DATE _____ ADULT'S SIGNATURE _____

RELATIONSHIP TO MINOR PARTICIPANT _____

MAKE CHECK PAYABLE TO "HJCI"

PLEASE NOTE: CHECK # _____ DATE OF CHECK _____ DUES COLLECTED BY _____ (org/gp)

CASH

FEE WAIVER / SENIOR EXEMPTION 80 YEARS & OVER