****

**West Australian Kyudo Association**
**Overseas Visitor Cultural Exchange Form**

**Applicant Information:**
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address in Australia: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kyudo Experience:**
Kyudo Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Country of Kyudo Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Kyudo Dojo/Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cultural Exchange Details:**
Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Finish Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Note:  To continue practicing beyond this period, full membership is required.)

**Health Declaration:**
Do you have any medical conditions, injuries, or disabilities that may affect your ability to practice Kyudo?
[ ] No
[ ] Yes – Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver and Release of Liability:**
I, the undersigned, acknowledge that Kyudo (Japanese archery) is a cultural and physical activity that carries inherent risks. I agree to abide by all safety rules and instructions provided by the West Australian Kyudo Association (WAKA) and its instructors.

I voluntarily assume all risks related to participation in Kyudo activities and agree to release, indemnify, and hold harmless WAKA, its officers, instructors, members, and venue providers from any and all liability, claims, demands, or causes of action that may arise from my participation, including but not limited to personal injury, property damage, or any other loss.

I confirm that I am physically capable of participating in Kyudo and will immediately inform instructors of any medical issues that arise. I understand that participation is at my own risk.

I have read and understood this waiver and agree to its terms.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For applicants under 18, a parent or guardian must sign below.)

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office Use Only:**
Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_