



Ukes for Little Tokyo Registration Form

Ukes for Little Tokyo is a free, bi-lingual English-Japanese ukulele program for local seniors, led by Chester Ikei, Bob Takata, and Ken Nakaba. The program consists of instructional one-hour workshops taking place at JACCC weekly on Thursdays, from October 2025- March 2026.

Schedule:

Fall/Winter Session: October 16th 2025- March 12th 2026

**Classes will be held every Thursday from 1:00 p.m.-2:30 p.m. at JACCC
in the 5th Floor Cultural Room**

PARTICIPANT INFORMATION

This information will be kept entirely CONFIDENTIAL. Aggregate data is used to communicate with our funders, but personal information is never disclosed.

Name: _____

Gender: _____

Age: _____

Address: _____

Phone: (____) _____ Email: _____

HOUSEHOLD INCOME LEVEL

How many people are in your household:

1 2 3 4 +5

What is your household's annual income:

< \$39,450 \$39,450 - \$45,050 \$45,050 - \$50,700 \$50,700 - \$56,300 > \$56,300



EMERGENCY CONTACT #1

Name _____ Relation _____

Address _____ Telephone # _____

EMERGENCY CONTACT #2

Name _____ Relation _____

Address _____ Telephone # _____

COVID-19 PROTOCOLS

Participants are expected to wear approved face masks (surgical, KN95, N95 or KF94) while at JACCC. Masks must be worn at all times. JACCC can provide masks if needed.

Participants must be fully vaccinated to participate in the workshops.

Please stay home if you are feeling sick or if you have been in contact with someone who has recently tested positive for COVID-19.

To help prevent the spread of germs, please wash your hands and use hand sanitizer regularly. JACCC has hand sanitizer stations located throughout its campus and will provide hand sanitizer at each workshop. JACCC will also ensure the workshops take place outside or in a well-ventilated indoor area.

RELEASE OF LIABILITY AND CONSENT

If you do not understand this form, or if you have any questions about any part of it, please do NOT sign it unless and until it is fully explained to you and you fully understand and agree to all of the terms and conditions described.

I understand that any activity has inherent risks, even when supervised, and I am enrolling in JACCC activities with an understanding of those potential risks.

I understand that a potential risk includes exposure to the coronavirus disease (COVID-19). I understand that while JACCC has implemented preventative measures to reduce the spread of



COVID-19 on its premises, JACCC cannot guarantee that I will not become infected while engaging in activities.

I understand that I am free to elect not to participate in JACCC classes and activities rather than sign this agreement.

I understand that JACCC cannot be held liable for any mentor/teacher/student interactions that occur outside of class hours or for activities that JACCC does not supervise. Outside contact is completely up to my discretion as the participant.

I expressly exempt and release the corporate entity called JACCC, their owners, agency, and employees (paid or volunteer) from any and all liability, claims, demands or actions or causes of action, whatsoever, arising out of damages, loss, sickness, or injury to me or property while I participate in JACCC classes and related activities.

I consent to the photographing, recording, or other reproduction of my likeness or voice during my participation in JACCC programs. I further authorize JACCC to make use of such images for its nonprofit purposes including, but not limited to, broadcasting to the public over radio, television, and the Internet. I understand that I will not receive any monetary compensation now or in the future for using my image or voice. I do hereby release and hold harmless JACCC and its employees from any claims.

I shall be the copyright owner of my artwork (print, audio, digital, video, copy, etc.) and hereby grant JACCC an irrevocable, royalty-free license to exploit any and all of the artwork, in any and all media, now known or hereafter devised, throughout the world.

In the event of a medical emergency where I may be unable to reason or communicate, I consent to the medical and/or hospital care necessary to alleviate the emergency. I understand that every reasonable attempt will be made to notify my Emergency Contact as soon as possible. I hereby release JACCC, its volunteers, and its agents from any and all liability for any medical treatment provided in accordance with this consent form.

SIGNATURE & AGREEMENT

By signing this form, you have understood and accepted the policies and Release of Liability and Consents for the program.

Participant's Name: _____

Participant's Signature: _____

Date: _____