

AWA[®]
Aikido World Alliance

Aikido

Instruction by Andrew Sato, Sensei
February 16th-17th, 2008
Hosted by Aikido Dynamics



About the Seminar

Instruction and teaching will be by Andrew M. Sato, Chief Instructor of the Aikido World Alliance. Tachiwaza, suwariwaza & bukiwaza training will be covered over the course of the event. Please bring your jo and bokken for the seminar.

Seminar Schedule

Friday February 15 th	5:30 6:00 – 9:00 pm	Registration Aikido
Saturday February 16 th	10:00am – 1:00pm 03:00pm – 6:00pm 07:00pm	Aikido Aikido Group dinner
Sunday February 17 th	9:30pm – 12:30pm	Aikido

About the Dojo

Aikido Dynamics began in December 2004 and joined AWA as a founding member dojo and the first AWA dojo in Texas. Jaime Sensei began training Aikido in California in 1991 with the AAA. He earned his shodan rank from Sato Sensei in 2005. Jaime Sensei also holds dan ranking in Tomiki Aikido and Judo. He regularly competes in Judo and finds connections between the two arts.

Lodging in the Area

Holiday Inn Express
12323 Katy Freeway
Houston, TX
Ph: (281) 493-5626

Fairfield Inn
15111 Katy Freeway
Houston, TX
Ph: (281) 646-0056

La Quinta
15225 Katy Freeway
Houston, TX
Ph: (281) 646-9200

Upcoming AWA Seminars

February 22-24, 2008
March 7-9, 2008
March 28-30, 2008

Kangeiko, Sofia Bulgaria
Yanagi Dojo, Norwalk, CT
Kure Beach Aikido Kure Beach, NC

Seminar Registration Form – Aikido Dynamics, TX

I would like to register for the seminar. Please find enclosed my check or money order (made payable to “Aikido World Alliance”) in the amount of:

- \$70 Entire Seminar
 \$40 Friday only \$60 Saturday only \$40 Sunday only

Event Date(s)	Fee	Today's Date
Name		
Mailing Address		
City	State	Zip
Home Phone	Work Phone	E-mail
Martial Art: Aikido <input type="checkbox"/>		Other <input type="checkbox"/>
Name of Dojo		Rank
Emergency Contact		Phone

For more information, contact:

E-mail: aikidoalliance@aol.com
 Ph: 773-784-4450
 Fax: 773-784-4405

Payment Method

- Check enclosed: _____ Amount: _____
 Credit Card: Visa MasterCard
 Card #: _____ Exp. _____
 Cash

Please mail registration and payment to:
 Aikido World Alliance, 4512 N. Lincoln Ave, Chicago, IL 60625

Release of Liability (Please read before you sign)

For the permission of Aikido World Alliance, to use its facilities and of the execution by others of agreements similar, the undersigned agrees that while upon the premises of Aikido World Alliance or while using its facilities or equipment, whether at Aikido World Alliance or at any other location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases Aikido World Alliance from any and all claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts of any persons thereon. The undersigned further agrees to indemnify and hold harmless Aikido World Alliance and each of its instructors, teachers, officers, directors, and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon the premises of Aikido World Alliance or while using any of its facilities or equipment, whether at the Aikido World Alliance or any other location for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person. I certify by my signature that I have read and understand this agreement in its entirety and all of my questions regarding it have been fully answered. I understand that Aikido World Alliance document activities and events involving classes and instruction. I give Aikido World Alliance permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way Aikido World Alliance wish. I understand that Aikido World Alliance is the sole owner of this documentation.

Signed: _____

Signed: _____

(Parent or guardian if participant is under 18)

Date:	By Whom:
Amount:	Cash: Ck: Chg:
Note:	