



Aikido

SHOCHUGEIKO

JULY 17-21, 2019

KIKU MATSU DOJO

4512 N. LINCOLN AVE CHICAGO, IL 60625

Charlie McGinnis Sensei
7TH DAN, AIKIKAI SHIHAN

Andrew Sato Sensei
7TH DAN, AIKIKAI SHIHAN

合氣道

Seminar Schedule

WEDNESDAY, JULY 17TH

5:30 pm Registration

6:00 pm–8:00 pm Aikido

THURSDAY - FRIDAY
JULY 18TH - 19TH

10:00 am–1:00 pm Aikido

3:00 pm–6:00 pm Aikido

SATURDAY, JULY 20TH

10:00 am–1:00 pm Aikido

3:00 pm–5:30 pm Aikido

6:30 pm Dinner

SUNDAY, JULY 21ST

9:30 am–12:30 pm Aikido

Registration Form – Shochugeiko Chicago, IL

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:

| | | | | |
|------------------|--------------------------|---------------------------|--------------------------|-----------------------------------|
| Entire Seminar | <input type="checkbox"/> | \$125 – AWA/USAF Members | <input type="checkbox"/> | \$135 – Non-AWA |
| AWA/USAF Members | <input type="checkbox"/> | \$70 – Weds. or Sun. only | <input type="checkbox"/> | \$90 – Thur or Fri or Sat only |
| Non-AWA | <input type="checkbox"/> | \$80 – Weds. or Sun. only | <input type="checkbox"/> | \$100 – Thur or Fri. or Sat. only |

| | | | |
|---------------------------------|--|------------|--------------|
| Event Dates July 17-21, 2019 | | Fee | Today's Date |
| Name | | | |
| Mailing Address | | | |
| City | | State | Zip Code |
| Home Phone | | Work Phone | E-mail |
| Martial Art: Aikido { } | | | Other { } |
| Name of Dojo | | | Rank |
| Emergency Contact | | | Phone |

Payment Method

For more information, contact:

| | | | |
|--------------------------|-----------------------|----------------------|----------------------------------|
| <input type="checkbox"/> | Check enclosed: _____ | Amount: _____ | E-mail: aikidoalliance@yahoo.com |
| <input type="checkbox"/> | Credit card: _____ | Visa Mastercard | Phone: (773) 784-4450 |
| <input type="checkbox"/> | Card #: _____ | | |
| <input type="checkbox"/> | Exp. _____ | CVC _____ | |
| <input type="checkbox"/> | Cash | | |

Please mail registration and payment to: Aikido World Alliance, 4512 N. Lincoln Avenue, 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 documents 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 wishes. I understand that Aikido World Alliance is the sole owner of the documentation.

Signed: _____

Signed: _____
(Parent or guardian if participant is under 18)

| | |
|---------|--------------------------|
| Date: | By Whom: |
| Amount: | Cash: Ck: Chg: |
| Notes: | |

