SEMINAR REGISTRATION FORM

Please send completed registration form along with payment to:
Aikido Seattle
1004 Turner Way East
Seattle, WA 98112

Name_____

Address_____

City_____ **State**_____ **Zip** _____

Home Phone_____**Work Phone**_____

Home Dojo_____**E-Mail**_____

Emergency Contact_____

Injuries/Medical Conditions_____

Please circle payment option:

Preregistration (prior to March 16th)		**At the Door**	
Entire Seminar	**$105**	**Entire Seminar**	**$115**
		Any individual class	**$40**

Full refund available if cancellation occurs prior to March 16th

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Affirmation and Liability Release - Please read carefully before signing.

I have been advised and am informed that there are inherent hazards in practicing Aikido. Before enrolling, I have had the opportunity to observe Aikido classes and ask questions about the risks inherent in practicing Aikido.

I understand that Aikido is a martial art which involves physical contact, falling, stretching, tumbling, and strenuous body movement. I understand that occasional injuries occur and are a risk in taking part. I hereby personally assume all risk in connection with my Aikido practice for any harm, injury or damage that may befall me as a result of my participation, whether foreseen or unforeseen. Despite these hazards, I wish to proceed with Aikido practice.

I understand and agree that Aikido Seattle, its instructors, employees, or agents, and my fellow students may not be held liable in any way for any occurrence in connection with my Aikido practice that may result in injury, death or other damages to me or my family, heirs, or assigns. In consideration of being allowed to practice Aikido at Aikido Seattle with my instructors and fellow students, I hereby personally assume all risks in connection with my Aikido practice, for any harm, injury, or damage that may befall me while I practice Aikido including all risks connected therewith, whether foreseen or unforeseen and further to save and hold harmless Aikido Seattle and all other persons associated therewith from any claim by me, or my family, estate heirs, or assigns, arising out of my enrollment and participation in Aikido practice.

I further state that I am of lawful age and legally competent to sign this affirmation and release, or that I have acquired the written consent of my parents or guardians; that I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act. It is my intention by this instrument to exempt Aikido Seattle and all persons associated therewith from all liability whatsoever for personal injury, property damage, or wrongful death caused by negligence.

I have fully informed myself of the contents of this affirmation and release by reading it before signing it.

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Student's signature **Parent/Guardians signature** **Date**