

REGISTRATION FOR AIKIDO OF HILO KALOPA SEMINAR SEPTMBER 5-6, 2009

NAME: _____ SS# or
Driver's Lic. # _____

ADDRESS: _____ DOJO: _____

_____ AIKIDO RANK: _____

PHONE: _____ SEX: M F AGE: _____ E-mail: _____
@ _____

I HAVE MARKED MY REGISTRATION CHOICE BELOW:

- Please register me for the Seminar** (includes available lodging & breakfast)
 I wish to stay in the cabins at Kalopa
 I plan to stay elsewhere

My check is enclosed to: Aikido of Hilo
(\$45) 29 Shipman St.
Hilo, HI 96720

Registration Deadline
August 21st
Please mail early
If late fax to 959-4580

PLEASE READ THE FOLLOWING LEGALLY BINDING DOCUMENT CAREFULLY; IT LIMITS OUR LIABILITY.

I, the undersigned applicant to the Aikido of Hilo (hereinafter called "the Seminar") understand and acknowledge that I am applying for instruction in Aikido, a martial art involving strenuous exercise and body contact. I further understand and acknowledge that the Seminar carries no insurance against injury to any of its students.

As a condition to, and in consideration of, the privilege of being admitted as a student in the Seminar, of receiving instruction in Aikido and of receiving the permission of the Seminar to use its facilities, I hereby agree and promise to assume risk and responsibility for any and all injuries, or damages due to injuries, suffered by me or caused by third parties to me, arising out of participation in activities involving Aikido and or the Seminar, whether occurring on the premises of the Seminar or at another location.

I hereby release, indemnify, and forever discharge and hold harmless the Seminar, its directors, employees, students, agents and servants from any and all responsibility, liability, claims for personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of or in any way connected with any of the above mentioned acts or activities.

I hereby agree and covenant for myself, and my successors and assigns, never to sue, either at law or in equity, the Seminar, its directors, employees, students, agents or servants on account of any such claim, demand, liability, damage, injury or loss.

IN WITNESS WHEREOF, I have set my hand and seal to this document which I intend to be a legally binding document, on the day and year below written, and understand it fully.

Date: _____ Signature: _____

Signature of Parent or Guardian: _____
(if under 18 years of age)