

SEMINAR NAME: **EAST COAST BRIDGE SEMINAR** Seminar Cost: \$ \$125.00

YOUR NAME (please print) _____

ADDRESS: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ E-Mail (please Print): _____

Home Dojo: _____ Aikido Rank: _____ Age: _____

Special Instructions (medical conditions, impairments, etc. if any) : _____

If Paying by Personal ... Check included amount Checks should be made out to: Shindai Aikikai

Mail to: Attn: Steve Fasen / 333 Enterprise Street/ Unit C/ Ocoee, Fl. 34761

Credit Card Information (We can accept only Visa, Mastercard or Discover).

Name as listed on the card: _____

Address _____ City _____ State _____ Zip _____

Card Number: _____ Expiration Date: _____ - _____ - _____

Credit card payment guarantees pre-registration. Please note that the charges will not be processed until one week before the event. Credit card numbers and information will not be retained. This form should be e-mailed to sfasen@shindai.com or faxed to: 407-654-2429. You may also call in your credit card registration on Mondays between 1:00 PM and 4:30 PM, or Tuesdays and Wednesdays between 9:30 AM and 4:30 PM at (1-407-654-6676)...ask for Judy or Steve.

GENERAL INFORMATION

See the web site for location information, plans for Saturday evening, hotel suggestions, etc.

KEIKO information can be found on the flyer.

If you have any questions you may also call Steve Fasen at 407-435-9103.

Refunds will not be made after the event has occurred.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING

I, the undersigned, acknowledge that I am applying for instruction in Aikido at Shindai Aikikai Aikido Dojo, an affiliate dojo (school) of the Aikido Schools of Ueshiba (ASU), or one of it's related training seminars, and that I have watched or participated in at least one Aikido class. I understand that Aikido involves strenuous exercise and personal body contact and I understand that because of this, there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints, and broken bones.

In accordance with the law, Shindai Aikikai Aikido Dojo does not exclude individuals with medical condition that do not pose a medically recognized threat to the health and safety of other students in the normal course of training. I understand that there are some unavoidable circumstances that may require special caution on my part to minimize danger to others or myself, and I acknowledge that it is my responsibility to act accordingly.

I understand that some students may be infected with diseases such as HIV/AIDS and Hepatitis that can be transmitted by exchanges of blood or other bodily fluids, and that I may be training with them. I acknowledge that I have read and will follow the Shindai Aikikai Aikido Dojo Blood-Borne Pathogen Policy (policy available at the dojo), for dealing with injuries to myself and others that present opportunities for exposure to blood or body fluids.

I acknowledge that Shindai Aikikai Aikido Dojo carries no insurance against injury to any of its students. As a condition to being admitted to the Shindai Aikikai Aikido Dojo as a full time or temporary student, I assume the risk of all injuries and do hereby hold Shindai Aikikai Aikido Dojo, it's employees and agents, harmless from any and all liability due to injuries or conditions suffered by me or caused by third parties to me, arising out of activities involving Aikido, or any variation thereof, whether occurring on the premises of Shindai Aikikai Aikido Dojo or elsewhere, as in the case of seminars off of Shindai property, excepting only those claims, actions or damages caused by the gross negligence or intentional act or omission of any of them. I understand that aikido is an educational system. For the benefit of education and training, and for the safety of the other members and myself, I will strictly follow the Rules of the Dojo and the Rules of Training as outlined in the Shindai Aikikai Aikido Dojo, (ASU) handbook. I also hereby agree to abide by the by-laws of the Shindai Aikikai Aikido Dojo. Should I break any of these rules or by-laws, I understand that it is the decisions of the board of Shindai Aikikai Aikido Dojo whether or not I may continue training. I will abide by their decision.

IF THE APPLICANT IS A MINOR: I, the undersigned, as parent or legal guardian of the above applicant, certify that I have read the above contract. I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Signature (Please also print name if you are the applicants parent/guardian)

Today's Date

Please fill this out completely and bring it with you to the registration desk. It will help speed the registration process immensely. We

thank you for your cooperation and consideration.