

Patricia Hendricks Shihan Seminar
April 29 & 30, 2017
Registration Form

Name: _____

Address: _____

City State & Zip : _____

Phone No: _____

E-mail: _____

Dojo: _____ Rank: _____

Emergency Contact & Phone # _____

PLEASE CHECK ONE

SATURDAY & SUNDAY _____ SATURDAY ONLY _____ SUNDAY ONLY _____

Apr. 15, 2017 or Before

After April 15, 2017

Seminar Cost: \$110 for Both Days
 \$75 for One Day

\$140 for Both Days
\$90 for One Day

Please Make Check Payable to ***Aikido of Arlington.***

Mailing Address: Yvonne Thelwell, 700 7th St., SW #402, Washington, DC 20024

On-line Registration is available at www.aikidoofarlington.com

Directions to dojo, lodging suggestions, transportation, etc, see <http://novakiaikido.org/>

Aikido is a martial art and has certain inherent risks (bodily injury) that accompany the training in any martial arts system. It is recommended that one receive a medical examination before training in Aikido class. By signing this waiver, the participant agrees to assume full responsibility for themselves and release Aikido of Arlington, Northern Virginia Ki Aikido, Pat Hendricks, employees, instructors, students, and staff from any liability for any and all injuries sustained while training in Aikido, or on the dojo grounds. The participant is urged not to try any technique, or exercise that they feel is too advanced for them to perform. The participant further agrees to act in a respectful and courteous manner at all times while in the school or on the premises. Aikido of Arlington and Northern Virginia Ki Aikido reserves the right to ask any participant or guest not obeying the rules of etiquette and/or safety regulations to leave the premises.

I, _____, have read this waiver in full and understand the risks involved in training in Aikido. I agree to obey all rules and regulations of the schools and by signature below, I agree to all terms and conditions contained in this waiver.

Signature & Date: _____

If applicant is under 18 years old, Parent or guardian must sign below

I, _____, (Parent or guardian) have read this waiver in full and understand the risks involved with training in Aikido. By signing below I agree to all terms and conditions contained in this waiver.

Signature & Date _____