

**Abiding Spirit Aikikai's Friendship Seminar with  
Bator Sensei, Forestieri Sensei, Kopka Sensei, Tate Sensei & Vitale Sensei  
September 17, 2016**

**Registration and Waiver Form**

**REGISTRATION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Dojo / Affiliation / Rank:** \_\_\_\_\_

**Indicate Participation:**    \_\_\_ Seminar Fee \$50

**Payment:**

\_\_\_ by check to "Abiding Spirit Center". Mail to 829 Virginia Rd, Suite D, Crystal Lake, IL 60014.

\_\_\_ by Visa or MasterCard (please circle one)

Name on Card \_\_\_\_\_ Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

\_\_\_ by PayPal (AbidingSpiritCenter@gmail.com)

**WAIVER:**

In consideration for the privilege of participating in Abiding Spirit Center, Inc. classes, I, the undersigned, releases, acquits and forever discharges Abiding Spirit Center, Inc., and each of its officers, agents and employees of and from any and all claims, demands and causes of action which the undersigned may now or shall hereafter have or claim for on account of, or deriving in any manner from any injury to person or damage to property of any nature, arising out of participation in the martial arts classes and/or other activities herein described, or any activity or travel related thereto or attendance thereat. The obligations and undertakings herein expressed shall be binding upon the heirs, executors, administrators, representatives and assignees of the undersigned. I realize that the practice of martial arts contains an inherent risk of personal injury and I hereby assume that risk.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name and TEL \_\_\_\_\_