

Hiroshi Ikeda Shihan, 7th Dan

Weapons & Empty Hand Seminar

November 11-13, 2016



Friday: 6:30-8:30 pm
Saturday: 10:30 am-12:30 pm
3:00-5:00 pm
6:00 pm Dinner Party
Sunday: 10:30 am-12:30 pm

Registration Fees:

In Advance \$150
At the Door \$160
or \$55 per class

Space is limited so please preregister.

Please bring Bokken & Jo

829 Virginia Road, Crystal Lake, IL 60014
www.abidingspiritcenter.org (815) 444-6019



Abiding Spirit Aikikai is a member of the Aikido Shimbokukai



Seminar with Hiroshi Ikeda Shihan, November 11-13, 2016
Registration and Waiver Form

Name: _____

Address: _____

City/State/Zip _____

Telephone Number: _____

Email Address: _____

Dojo / Affiliation / Rank: _____

Indicate Schedule:

All days advance \$150 All days at the door \$160
 Friday \$55 Saturday AM \$55 Saturday PM \$55 Sunday \$55

Saturday Dinner Party \$20

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

Pay by Visa/Master Card: Type _____ Number _____

Expiration Date _____ CVV Code _____

Pay 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 here after 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 _____