



ABIDING SPIRIT AIKIKAI

**Friendship Seminar
with
Marsha Turner Sensei, 5 Dan
Lisa Tomoleoni Sensei, 6 Dan**

June 26, 2016 (Sunday)



Schedule:

**9:00 pm –
12:00 pm**

Lunch

**2:30 pm-
4:45 pm**

**Fee:
\$60**



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



Abiding Spirit Aikikai is a member of the Aikido Shimbokukai

Friendship Seminar with Turner Sensei & Tomoleoni Sensei

June 26, 2016

Registration and Waiver Form

REGISTRATION:

Name: _____

Address: _____

City/State/Zip _____ **Telephone Number:** _____

Email Address: _____

Dojo / Affiliation / Rank: _____

Indicate Participation: ___ Seminar Fee \$60

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 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 _____