

Donovan Waite Shihan (7th Dan)

Seminar Registration Form

July 3-4, 2010

Family Name: _____ Given Name: _____ () M () F

Address: _____

City: _____ Province/State: _____ Postal/Zip code: _____

Phone: (_____) _____ – _____ E-mail Address: _____

Dojo: _____ Rank: _____ Sensei: _____

Please use check box:

Registration Fees	Adult
ALL DAYS	[] \$100 Cdn
SATURDAY ONLY	[] \$60 Cdn
SUNDAY ONLY	[] \$50 Cdn

RELEASE

I certify that I am in good health and have no physical defect that would endanger my health in the participation and practice of Aikido. I request the privilege of admission to the Aikido seminar organized by Naka Ima Aikikai Inc. (the "Dojo"), and given at the abovementioned place and time.

I understand that Aikido is a martial art involving strenuous exercise and physical contact. I further understand that neither the Dojo nor the organizers of the seminar offer any insurance or guarantees of any sort, nor subscribe to any insurance against injuries to the seminar participants or damage to, or loss of, their property. In consideration of the privilege of being admitted to participate in the seminar, of receiving the provided instruction and of using the Dojo's facilities for the duration of the seminar, I hereby declare that I will personally assume all responsibility concerning any injury that I may incur or that may be inflicted on me by others during the seminar, be it in, on, or off the premises, before, after, during or between sessions. I hereby hold immune and release the Dojo, its directors, employees, agents and representatives, instructors, organizers of the seminar and the instructor(s) of the seminar (collectively the "Releasees") from all responsibility, accountability and any reparations concerning personal injuries, lawsuits, damages or losses of any nature whatsoever, in law or in equity in connection with the activities mentioned above.

I hereby agree and engage, in my name and in the name of my heirs and beneficiaries, never to pursue legally or in equity any of the Releases in relation to such injuries, lawsuits, damages, responsibilities, accountabilities reparations or losses.

I acknowledge that the seminar organizers reserve the right to refuse admittance to, or expel from, the seminar any person they deem to be unfit for, or unqualified to, practice. To attest to this I have signed this document and declare that I have read it and understood it. I represent and covenant at the time of signing this release application, I am legally competent to execute it and that before signing it have fully informed myself of its contents and execute it with full knowledge thereof.

Signature: _____ Guardian (if under 18 years old): _____

Printed name: _____ Date: _____



Naka Ima Aikikai

171 East Liberty Street, Unit #116, Toronto, ON M6K 3P6
 (416) 259-4320 • www.nakaima.ca • info@nakaima.ca