

ENDO SHIHAN TORONTO SEMINAR 2010

April 9, 10, 11, 2010

SEMINAR FEES

	ADULT	YOUTH (16 years old and under)
ALL DAYS	\$120 Cdn / \$110 US	\$65 Cdn / \$60 US
ONE DAY (Saturday)	\$85 Cdn / \$80 US	\$50 Cdn / \$45 US
ONE DAY (Friday or Sunday)	\$60 Cdn / \$55 US	\$40 Cdn / \$40 US

SEMINAR SCHEDULE

Friday, April 9 (held at Naka Ima dojo)

Registration 6:30 pm
7:00 – 9:00 pm

Saturday, April 10 (held at Alexander Muir School)

Registration 9:30 am
10:00 am – 12 noon
2:00 pm – 4:00 pm

Dinner 6:00 pm

Sunday, April 12 (held at Alexander Muir School)

Registration 9:30 am
10:00 am – 12 noon

SEMINAR LOCATIONS

Friday (April 9)

Naka Ima Aikikai
171 East Liberty St. Unit #116
Toronto, ON M6S 3P4
(416) 259-4320
www.nakaima.ca

Saturday (April 10) and Sunday (April 11)

Alexander Muir Gladstone Ave Public School
108 Gladstone Ave.
Toronto, ON M6J 3L2

Note: Please email us if you need assistance in looking for accommodation during the seminar. Seminar attendees are also welcome to stay at the Naka Ima dojo at no cost on a first-come, first-served basis. Shower facilities are available at the dojo, but you will need to bring your own sleeping bags.



Naka Ima Aikikai

171 East Liberty St. Unit #116, Toronto
(416) 259-4320 • www.nakaima.ca • info@nakaima.ca

Endo Shihan 2010 Seminar Registration Form

April 9, 10, 11, 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	Youth (16 years old and under)
ALL DAYS	<input type="checkbox"/> \$120 Cdn / <input type="checkbox"/> \$110 US	<input type="checkbox"/> \$65 Cdn / <input type="checkbox"/> \$60 US
ONE DAY (Saturday)	<input type="checkbox"/> \$85 Cdn / <input type="checkbox"/> \$80 US	<input type="checkbox"/> \$50 Cdn / <input type="checkbox"/> \$45 US
ONE DAY (Friday or Sunday)	<input type="checkbox"/> \$60 Cdn / <input type="checkbox"/> \$55 US	<input type="checkbox"/> \$40 Cdn / <input type="checkbox"/> \$40 US

Dinner on Saturday, April 10, 2009

No, I don't intend to come

Yes, please save _____ places for the dinner (including myself)

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 "Releases") 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: _____