## Endo Shihan (8<sup>th</sup> Dan) Seminar Registration Form November 1 - 3, 2019

City:	amily Name:Given Name:			()M()F
Phone: (	Address:			
Seminar Fees   Make cheque payable to Naka Ima Aikikai   Pre-Registration deadline: May 31, 2019   Before May 31, 2019   \$180 Cdn   After May 31, 2019   \$200 Cdn      Release   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 a	City:	Province/State:	Postal/Zip code:	
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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 participate in the seminar, of receiving the provided instruction and of using the Dojo's facilities for the duration of the seminar hereby declare that I will personally assume all responsibility concerning any injury that I may incur or that may be inflicted or 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.	Dojo nor the organizers of the seminar of injuries to the seminar participants or dar participate in the seminar, of receiving the hereby declare that I will personally assume by others during the seminar, be it in immune and release the Dojo, its directo the instructor(s) of the seminar (collective concerning personal injuries, lawsuits, days in the seminar of th	fer any insurance or guarante mage to, or loss of, their prope e provided instruction and of ume all responsibility concerning, or off the premises, befor s, employees, agents and repely the "Releasees") from all re	tes of any sort, nor subscribe to any insignary. In consideration of the privilege of busing the Dojo's facilities for the durationing any injury that I may incur or that make, after, during or between sessions. I horesentatives, instructors, organizers of esponsibility, accountability and any rep	urance against being admitted to n of the seminar, I y be inflicted on hereby hold the seminar and parations
I hereby agree and engage, in my name and in the name of my heirs and beneficiaries, never to pursue legally or in equity are 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 the 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 are understood it. I represent and covenant at the time of signing this release application, I am legally competent to execute it and	of the Releases in relation to such injurie I acknowledge that the seminar organize deem to be unfit for, or unqualified to, pra understood it. I represent and covenant a	s, lawsuits, damages, respons rs reserve the right to refuse a actice. To attest to this I have s at the time of signing this relea	sibilities, accountabilities reparations or admittance to, or expel from, the semina signed this document and declare that I ase application, I am legally competent t	losses. ar any person they I have read 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:	Signature:	Guardian (if und	•	

