

2017 Seattle Aikido Bridge Seminar Registration

Additional forms: www.aikidonorthshore.com/seattlebridge

Name (printed) _____ M/F _____ Date of Birth _____			<p>Please confirm my registration: _____ via e-mail _____ via USPS</p> <p>Full Seminar - 4 days: _____ \$250</p> <p>Partial Seminar – 3 days: _____ \$225</p> <p>One Long Day: _____ \$125</p> <p>One Short Day: _____ \$75</p> <p>Saturday Party: _____ \$25 (please register by Sept 5)</p> <p>Total: \$ _____</p>
Address _____			
City _____	State _____	Zip _____	
Phone _____	Home Dojo _____		
E-mail Address _____			
Are you a medical professional? No _____ Yes _____			
Do you have any allergies, physical limitations or medical conditions? If these limitations may affect your training or the training of others, you are responsible for making the class instructor aware of them. No _____ Yes _____			
If yes, please explain briefly. _____			
Emergency Contact _____	Phone _____		
Make checks payable to Seattle Aikido Bridge. Send your registration to: Seattle Aikido Bridge, c/o Lee Crawford, 11232 120th Ave NE #105, Kirkland, WA 98033			

Consent and Assumption of Risk Statement

1. I agree that before using the mat or any equipment at this seminar, I will inspect the facilities and equipment I use, and if I believe anything is unsafe, I will immediately advise the instructor present and will refuse to participate in training any further.
2. I have read, understood, and will comply with each part of the CDC's recommended "universal precautions" as modified for Aikido training in order to reduce the already slight risk of transmission of HIV and other blood and body fluid-borne diseases.
3. I acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact and that might result in bodily injury including permanent disability or death and severe social and economic losses and damages due not only to my own negligence, but also the negligence of others. I further acknowledge that there may be other risks not known or foreseeable at this time, which could arise.
4. I accept and assume all such risk and responsibility for all losses and damages following any such injury, illness, disability, paralysis or death, however caused or alleged to be caused.
5. I hereby release, waive, discharge and covenant not to sue or make claim against Two Cranes Institute, Aikido Northshore, Inc, or any of their respective agents, officers, instructors, employees, members, other participants or their parents or guardians, all of whom are hereinafter collectively referred to as "Releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to have been caused in whole or in part by the negligence of the Releasee or otherwise.
6. If any portion of this agreement shall be held to be invalid, illegal or unenforceable to any extent and for any reason by any Court of competent jurisdiction, the remainder of this agreement shall not be affected thereby and shall be enforceable to the full extent permitted by law.

Participant's Name (printed) _____	Participant's Signature _____	Date _____
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This consent form must be accompanied by the 2017 Seattle Aikido Bridge Seminar Registration and Waiver.

For Parents or Guardians of Minors

1. We have read and understood each of the foregoing paragraphs and intend to bind ourselves, the minor, and all heirs, successors, executors, the estate, and dependents of said minor, to the terms hereof.
2. We agree to hold Two Cranes Institute and Aikido Northshore, Inc., Mr. Hiroshi Ikeda, Ms. Mary Heiny and other guest instructors, agents, instructors, employees and all individuals associated with Two Cranes Institute and Aikido Northshore, Inc. harmless from any action brought as a result of participation by this minor in any activity of Two Cranes Institute and Aikido Northshore, Inc. and promise to indemnify Two Cranes Institute and Aikido Northshore, Inc. and all releases for all liability and losses including attorney's fees occasioned by a claim by, on behalf or on account of injuries or illness to said minor, and to fully indemnify all such losses.

_____ Parent/Guardian's Name (printed)	_____ Parent/Guardian's Signature	_____ Date
_____ Relationship to Minor	_____ Witness's Signature (must be over 18)	_____ Date