



INTERNATIONAL TENSHINKAI AIKIDO FEDERATION

Westminster Aikikai Dojo

8562 Westminster Blvd - Westminster – CA 92683

Tel: (714) 894-1003; E-mail: aikidotenshinkai@yahoo.com; Website: <http://www.tenshinkai.com>

SEMINAR REGISTRATION – Celebrating the 45th Anniversary of Tenshinkai Aikido Federation

Full Name	Last / First / Middle		
Address			
City / State / Zip			
Home Dojo		Sensei or Instructor's name	
Your Rank / Kyu		Your Phone #	
Your E-mail		Your work / cell #	

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name		Relationship	
Address		Home phone	
City/State/Zip		Work/Cell phone	

RELEASE OF LIABILITY AND ASSUMPTION OF RISK (Please read thoroughly before you sign)

For and in consideration of the permission of the Tenshinkai Aikido Federation and Westminster Aikikai Dojo, hereinafter called the "Tenshinkai", to use its facilities and of the execution by others of agreements similar hereto, the undersigned hereby agrees that while upon the premises of the Tenshinkai or while using its facilities or equipment, whether at the Tenshinkai or at any other location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases the Tenshinkai from any and all claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts any persons thereon.

The undersigned further agrees indemnify and hold harmless the Tenshinkai and each of its instructors, teachers, officers, directors and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon the premises of the Tenshinkai or while using any of its facilities or equipment, whether at the Tenshinkai or at any other location for the purpose of practice or demonstration of Aikido, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person.

I certify by my signature that I have read and understand this agreement in its entirety and all my questions regarding it have been fully answered. I further understand that the Tenshinkai documents activities and events involving classes and instructions. I give the Tenshinkai permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way the Tenshinkai wishes. I understand that the Tenshinkai is the sole owner of this documentation.

Signature: _____

Date: ____/____/____

Name: (please print) _____

Relationship to minor: _____

Notes: If applicant is under 18 years of age, his/her parents or guardian MUST sign on his/her behalf and state the relationship to the applicant.

FEE PAYMENT (Payable to: WESTMINSTER AIKIKAI DOJO)

<input type="checkbox"/> Full Day \$60.00	<input type="checkbox"/> Half Day \$40.00	\$	
<input type="checkbox"/> Evening Dinner \$25.00		\$	
TOTAL		\$	

Received by: _____

Cash Check # _____

Date: _____