



**AIKIDO SEMINAR**

**GLEN  
MATSUDA  
SENSEI**

December 14 - 16, 2018  
Caguas Aikido, Puerto Rico

**FRI: 6 - 9 PM  
SAT: 10 - 1 PM & 3 - 6 PM  
SUN: 10 - 1 PM**

# Matsuda Sensei Seminar Registration Form

December 14 - 16, 2018

I would like to register for:	
<input type="checkbox"/> \$70.00 Entire Seminar	
<input type="checkbox"/> \$40 Friday	<input type="checkbox"/> \$50.00 Saturday or Sunday (each day)
NAME:	TODAY'S DATE:
MAILING ADDRESS:	
CITY/STATE/ZIP:	
PHONE (circle one): HOME WORK MOBILE	
E-MAIL:	
MARTIAL ART (circle one): AIKIDO OTHER (please specify):	
DOJO:	RANK:
PAYMENT METHOD: <input type="checkbox"/> CHECK ENCLOSED, payable to Aikido Association International <input type="checkbox"/> CASH (pay at the door)	
Charge my <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD NUMBER:	EXP. DATE:

## Release of Liability (Please read before you sign)

For and in consideration of the permission of the Aikido Association International, hereinafter called the Association, 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 Association or while using its facilities or equipment, whether at the Association 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 Association 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 Association 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 Association or while using any of its facilities or equipment, whether at the association or at any other location for the purpose of practice or demonstration, 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 understand that the Association documents activities and events involving classes and instruction.

I give the Association permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way the Association wishes. I understand that the Association is the sole owner of this documentation.

Signed:

(Parent or guardian must sign if participant is under 18)

**To pre-register please mail this form with payment to:  
AAI Headquarters, 1016 West Belmont Ave., Chicago, IL 60657**