

REGISTRATION / WAIVER FORM

SEMINAR WITH JOHN STEVENS, 7TH DAN

MAY 5TH - 7TH, 2006

AIKIDO AT NORTHWESTERN UNIVERSITY

LAKE SHORE CENTER ATHLETIC CLUB

NU CHICAGO CAMPUS, LAKE SHORE

(NAME) _____ DATE _____

(ADDRESS) _____ (HOME PHONE) _____

(CITY) _____ (STATE) _____ ZIPCODE _____ (WORK PHONE) _____

(E-MAIL ADDRESS)

OPTIONAL:

(PREVIOUS MARTIAL ARTS TRAINING) _____ (DATES) _____ (RANK) _____

(ADDRESS OF DOJO) _____ (INSTRUCTOR) _____ (DOJO PHONE) _____

(CITY) _____ (STATE) _____ (ZIPCODE) _____

IN CASE OF EMERGENCY, CONTACT:

(NAME) _____ (RELATIONSHIP) _____ (HOME PHONE) _____

(ADDRESS) _____ (WORK PHONE) _____

(CITY) _____ (STATE) _____ (ZIP) _____

ATTENDING:

FULL FRIDAY SATURDAY SUNDAY

FULL SEMINAR: \$110.00

PRE-REGISTER BY APRIL 10TH, 2006 - \$100.00

PER CLASS::

- FRIDAY - \$35.00
- SATURDAY - \$60.00
- SUNDAY - \$35.00

PARKING HAS BEEN ARRANGED AT NORTHWESTERN UNIVERSITY (FOR THE SEMINAR ONLY) AT A SPECIAL RATE BELOW::

FULL SEMINAR \$15.00 FRIDAY \$5.00 SATURDAY \$7.00 SUNDAY \$5.00

PAYMENT BY: CASH / CHECK / CREDIT CARD

PLEASE MAKE CHECKS OUT TO AIKIDO WORLD, INC.

PLEASE COMPLETE BOTH PAGES OF REGISTRATION FORM AND ENCLOSE WITH REMITTANCE FOR BOTH SEMINAR AND PARKING (IF NEEDED) AND SEND TO:

AIKIDO WORLD, INC.
P.O. Box 56040
CHICAGO, IL. 60656-0040

AMOUNT DUE: _____

NAME ON CARD: _____

CARD NUMBER: _____ VISA/MC EXPIRATION: _____

BILLING ZIP CODE: _____

PLEASE READ THE FOLLOWING:

WAIVER OF LIABILITY

I, THE UNDERSIGNED, ACKNOWLEDGE THAT I AM APPLYING FOR INSTRUCTION IN A MARTIAL ART SEMINAR INVOLVING STRENUOUS EXERCISE AND PERSONAL BODY CONTACT. I UNDERSTAND THAT, BECAUSE OF THIS, THERE IS ALWAYS AN INHERENT RISK OF INJURY THAT CANNOT BE ELIMINATED. SUCH INJURIES MAY INCLUDE, BUT ARE NOT LIMITED TO, PULLED MUSCLES, DISLOCATED JOINTS AND BROKEN BONES. I ACKNOWLEDGE THAT THE NORTHWESTERN UNIVERSITY, NU LAKE SHORE CENTER ATHLETIC CLUB, AIKIDO WORLD, INC., AFFILIATES, THE AIKIDO PARTICIPANTS/STUDENTS, AIKIDO INSTRUCTORS, SEMINAR INSTRUCTORS, AND ASSISTANTS OF THESE CLASSES, AND THEIR AFFILIATES CARRIES NO INSURANCE AGAINST INJURY TO ANY OF ITS STUDENTS. AS A CONDITION OF ATTENDING AIKIDO SEMINARS AT NORTHWESTERN UNIVERSITY AS AN AIKIDO STUDENT, I ASSUME THE RISK FOR ALL INJURIES AND DO HEREBY HOLD THE ALL THE AIKIDO INSTRUCTORS, AIKIDO STUDENTS, AFFILIATES, ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY AND ALL LIABILITY (INCLUDING ATTORNEY'S FEES AND COSTS) FOR ALL CLAIMS, ACTIONS OR DAMAGES DUE TO INJURIES SUFFERED BY ME OR CAUSED TO THIRD PARTIES BY ME, ARISING OUT OF ACTIVITIES INVOLVING AIKIDO, OR ANY VARIATION THEREOF, WHETHER OCCURRING ON THE PREMISES OF THE NORTHWESTERN UNIVERSITY OR ELSEWHERE.

I UNDERSTAND THAT AIKIDO IS AN EDUCATIONAL SYSTEM. FOR THE BENEFIT OF THE EDUCATION, TRAINING AND SAFETY OF MYSELF AND OTHER MEMBERS, I AGREE TO ABIDE BY THE RULES OF THE DOJO AND THE RULES OF TRAINING. I ALSO AGREE TO ABIDE BY THE RULES OF TRAINING AT AIKIDO AT NORTHWESTERN UNIVERSITY. FURTHERMORE, I UNDERSTAND THAT, SHOULD I BREAK ANY OF THESE RULES, IT WILL BE THE DECISION OF THE CHIEF INSTRUCTOR WHETHER OR NOT I MAY CONTINUE TRAINING IN THE SEMINAR, AND I AGREE TO ABIDE BY ANY SUCH DECISION.

SHOULD THE APPLICANT BE A MINOR, UNDER THE AGE OF 21 YEARS:

I, THE UNDERSIGNED, AS PARENT OR GUARDIAN OF THE ABOVE APPLICANT, CERTIFY THAT I HAVE READ THE ABOVE CONTRACT AND I CONSENT TO THE APPLICANT'S RECEIVING THE INSTRUCTION APPLIED FOR. I HEREBY AGREE TO THE PROVISIONS OF THE CONTRACT FOR MYSELF AND SAID APPLICANT.

(SIGNATURE / SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

(RELATIONSHIP)