



ABIDING SPIRIT AIKIKAI

Please join us in welcoming

Hiroshi Ikeda Shihan, 7th Dan

October 10-12, 2014



Friday, October 10

6:30 pm – 8:30 pm

Saturday, October 11

10:30 am – 12:30 pm

-lunch break-

3:00 pm – 5:00 pm

6:30 Happy Hour-
Port Edward Restaurant

Sunday, October 12

10:30 am – 12:30 pm

Registration Fees:

All days \$125

Or \$50 per class

1540 Carlemont Drive, Crystal Lake, IL 60014

www.abidingspiritcenter.org (815) 444-6019



Abiding Spirit Aikikai is a member of the Aikido Shimboku Kai



Seminar with Hiroshi Ikeda Shihan, October 10-12, 2014

Registration and Waiver Form

REGISTRATION:

Name: _____

Address: _____

City/State/Zip _____

Telephone Number: _____

Email Address: _____

Dojo / Affiliation / Rank: _____

Indicate Schedule:

___ All days \$125 ___ Friday \$50 ___ Saturday AM \$50 ___ Saturday PM \$50 ___ Sunday \$50

___ Saturday Happy Hour at Port Edward Restaurant (light food, cash bar) \$20

___ Pay by check to "Abiding Spirit Center". Mail to 1540 Carlemont Dr, Ste E, Crystal Lake, IL 60014.

___ Pay by Visa/Master Card: Type _____ Number _____

Expiration Date _____ CVV Code _____

___ Pay by PayPal (AbidingSpiritCenter@gmail.com)

WAIVER:

In consideration for the privilege of participating in Abiding Spirit Center, Inc. classes, I, the undersigned, releases, acquits and forever discharges Abiding Spirit Center, Inc., and each of its officers, agents and employees of and from any and all claims, demands and causes of action which the undersigned may now or shall here after have or claim for on account of, or deriving in any manner from any injury to person or damage to property of any nature, arising out of participation in the martial arts classes and/or other activities herein described, or any activity or travel related thereto or attendance thereat. The obligations and undertakings herein expressed shall be binding upon the heirs, executors, administrators, representatives and assignees of the undersigned. I realize that the practice of martial arts contains an inherent risk of personal injury and I hereby assume that risk.

Signature _____ Date _____

Emergency Contact Name and TEL _____