



**Aikido Shimbokukai USA Instructors Intensive July 17-19, 2020**  
**hosted at Abiding Spirit Center, Crystal Lake, IL**  
**Registration Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**TEL Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Dojo / Affiliation / Rank:** \_\_\_\_\_

**Please check as desired:**

- Shimbokukai Member All Days \$75
- Shimbokukai Supporting Member All Days \$75
- Shimbokukai Non-Member All days \$100
- Shimbokukai Member One Day \$50
- Shimbokukai Supporting Member One Day \$50
- Shimbokukai Non-Member One Day \$65
- Saturday Dinner \$20

**Payment:**

Check payable to "Aikido Shimbokukai"

Pay by Visa/Master Card: Type \_\_\_\_\_

Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Pay by PayPal (AikidoShimbokukai@gmail.com)

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**WAIVER:**

In consideration for the privilege of participating in Aikido Shimbokukai (ASK) seminar classes at Abiding Spirit Center, I, the undersigned, releases, acquits and forever discharges Aikido Shimbokukai, Abiding Spirit Center, 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 hereafter 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 \_\_\_\_\_

Emergency Contact Relationship & TEL# \_\_\_\_\_