



2015 Spring Seminar

Graciously hosted by the Shuharikan Dojo in St. Paul.



Featuring:

Rev. Zenko N. Okimura
7th dan Shihan

Chief Instructor, World Aikido Aikikai Inc.

Seminar Schedule

Saturday, May 30 at **Shuharikan Dojo**

Registration	9:00 am - 9:20 am
Class (children and adults)	9:30 am - 10:30 am
Group Photo	10:30 am - 10:35 am
Class	10:45 am - 12:00 pm
Lunch	12:00 pm - 2:15 pm
Class	2:15 pm - 3:15 pm
Testing	3:30 pm
Potluck Dinner (location TBD)	7:00 pm

Sunday, May 31 at **Shuharikan Dojo**

Class	9:00 am - 10:15 am
Class	10:30 am - 12:00 pm

Seminar Fees:

Saturday and Sunday:	\$75
Saturday Only:	\$55
Sunday Only:	\$30

*Please bring your own training weapons.

See attached map for directions. Registration forms, release forms, and seminar fees will be collected at the door.

For additional information please visit our website at www.aikidominnesota.org or contact Marla Spivak at 651-647-9350.



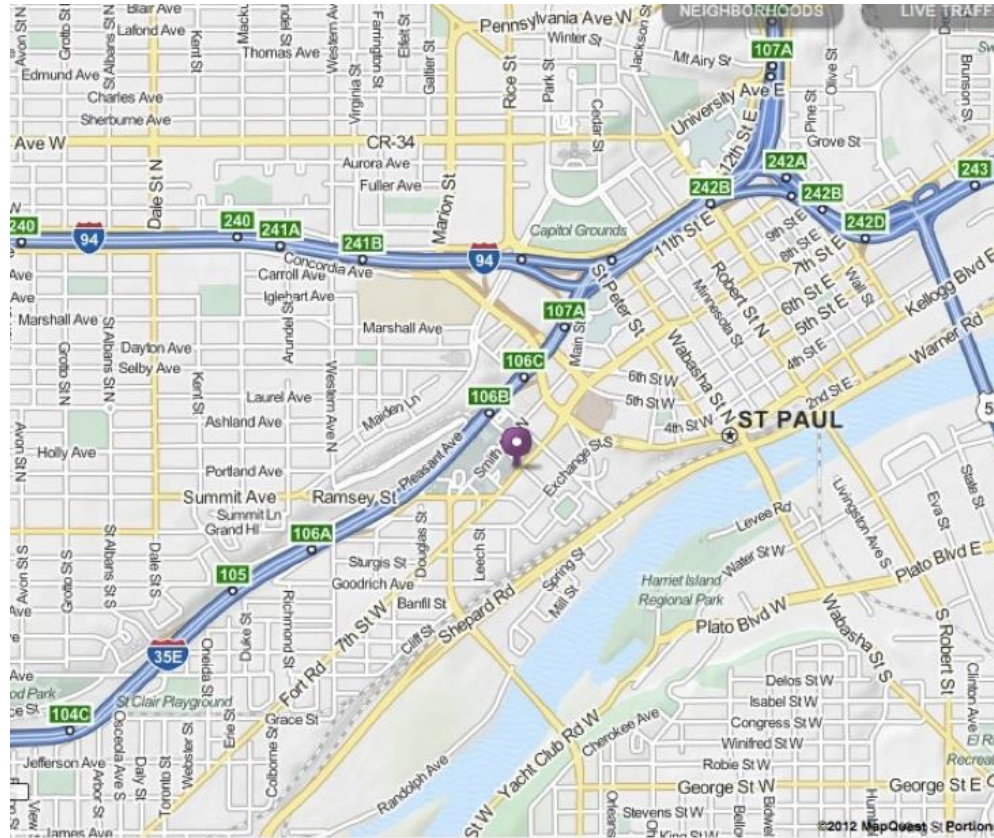
Directions

Shuharikan Dojo

265 West 7th St., 3rd Floor

St. Paul, MN 55102

http://www.shuharikan.net/Shuharikan_Saint_Paul/Home.html



The Shuharikan Dojo is on the 3rd floor of the building that houses John's Antiques, located on the southwest corner of W 7th St and Walnut St N in Saint Paul. Enter the building on the Walnut St side.

Hourly parking is available in the Blue and Gold parking ramps to the west of the dojo and across the street from United Hospital. The entrances to these ramps are on Smith Ave. Parking rates can be found: <http://www.allinahealth.org/ahs/united.nsf/page/visitingus#parking>

Street parking near the dojo generally has a 2 hour time limit. If you are up for a walk, you can drive further south on W 7th St and find street parking that is unlimited.

Registration

Name: _____

Address: _____

Phone: _____

Email: _____

Dojo: _____

Rank: _____

Days attending: Sat. Sun. Both (circle one)

Seminar Fees:

Sat/Sun _____ (\$75)

Sat Only _____ (\$50)

Sun Only _____ (\$30)

Donation _____

Total _____

Please make checks payable to: **Aikido of Minnesota**

Please send an email to info@aikidominnesota.org if you plan to attend, so that we may plan accordingly and notify you of any changes!

For lodging information – hotel or housing with a member, please contact Marla Spivak (spiva001@umn.edu) at 651-647-9350.

For Office Use Only:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #: _____	Receipt #: _____
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Aikido of Minnesota

General Release

BECAUSE PARTICIPATION IN AIKIDO CLASSES MAY BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE.

The Undersigned, for himself or herself and personal representatives, assigns, heirs and next of kin or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not to Sue Aikido of Minnesota, and each of its instructors or officers, employees and agents all for purpose herein referred to as Releases, from liability to the Undersigned, his personal representatives, assigns, heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releases or otherwise while the Undersigned is upon the premises of Aikido of Minnesota and/or a participant in classes or workouts, and

2. Hereby Agrees To Indemnify And Save And Hold Harmless the Releases and each of them from any loss, liability, damage, or cost they may incur (1) due to the presence of any action of the Undersigned in or about Aikido of Minnesota, and/or (2) due to participation in classes or workouts whether caused by the negligence of the Releases or otherwise.

The Undersigned expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned warrants the following statements are true and correct and understands that the Releases have relied on them in entering into the foregoing Release, Waiver and Indemnity Agreement and in giving the Undersigned permission to enter the premises of the Aikido of Minnesota and to participate in aikido classes:

1. No oral representations, statements or inducements apart from this written agreement have been made.

2. The Undersigned individually is fully aware of the risks and hazards inherent in entering upon the premises of Aikido of Minnesota or in participating in any events or classes held in or upon the premises of Aikido of Minnesota and hereby acts voluntarily to enter upon said premises, knowing the present condition and knowing that said condition may become more hazardous and dangerous during the time that the Undersigned or either of them are upon said premises. The Undersigned is fully aware that martial arts and all activities associated with participation in aikido classes and workouts (which of necessity may include rigorous physical exertion, bodily contact, throws, pins, and takedowns) is a calculated risk activity, and contains inherent risks and dangers (including serious injury or death), that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands the scope, nature and extent of the risks involved in the activities contemplated by this agreement. The Undersigned individually hereby voluntarily assumes all risks of loss, damage, or injury that may be sustained while in or upon the premises of Aikido of Minnesota or as a participant in aikido classes and workouts.

3. That the Undersigned participant gives consent to whatever medical care might be provided or available on the premises and further agrees to conform and comply with all the rules and regulations of Aikido of Minnesota.

4. THE UNDERSIGNED PARTICIPANT OR HIS OR HER LEGAL REPRESENTATIVE OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT.

PARTICIPATION IN AIKIDO CLASSES AND WORKOUTS MAY BE DANGEROUS.

BY SIGNING THIS DOCUMENT YOU CERTIFY THAT YOU ARE OVER 18 YEARS OF AGE AND THAT YOU UNDERSTAND ITS CONTENTS.

SIGNATURE _____ DATE: _____

PLEASE PRINT NAME: _____

OR, IF YOU ARE UNDER 18 YEARS OF AGE YOU WILL NEED THE SIGNATURE OF YOUR PARENT OR LEGAL GUARDIAN.

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE _____

DATE : _____