



with

**Harvey Konigsberg, Shihan**  
*7th Dan, Woodstock Aikikai*



assisted by **John Chiarolanio**  
*4th Dan, Shidoin, Aikido of New Paltz*

**We have moved!**  
(just 1/2 mile north on Raymond)  
2382 Hampden Ave W – Suite 203  
St Paul, MN 55114

We are on the second floor of the  
Hampden Co-op building

## Schedule of Sessions & Events

*Schedule is tentative.*

*See [www.tcaikido.com](http://www.tcaikido.com) for updated information and schedule.*

### Friday

Class

*Bokken*  
5:30-7:30pm

### Saturday

Class

10:00-12:00am  
2:00-4:00pm

Banquet  
7:00pm

### Sunday

Class

10:00-12:00am

Testing

2:00pm

### Seminar Cost

*Fri* — \$40

*Sat* — \$60

*Sun* — \$40

*All Days* — \$80



## Summer Aikido Seminar May 29-31 2015

Twin Cities Aikido Center  
St. Paul, Minnesota

### Participant Registration Form

Name \_\_\_\_\_ Dojo \_\_\_\_\_ Rank \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_

Days attending and amount enclosed (circle)

<i>Fri</i> — \$40
<i>Sat</i> — \$60
<i>Sun</i> — \$40
<i>All Days</i> — \$80

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

\*Please make checks payable to Twin Cities Aikido Center.

Questions? Please e-mail us ([tcaikido@yahoo.com](mailto:tcaikido@yahoo.com)) or call (651) 644-3360

### Visitor Release Form

*In consideration of permitting me to participate in programs offered by the Twin Cities Aikido Center, Inc., and the opportunities to use the facilities at the Center or other Center practice facilities, I agree to release the Center, its board members, officers, any instructors, and members from any and all claims and damages I may incur in connection with the use of the facilities at the Center or other Center practice facilities. I recognize that the practice of Aikido may share hazards of any martial art or strenuous physical activity and I assume and agree to be responsible for any injuries, which might occur to me during the practice of Aikido during any other use of the facilities of the center or other Center practice facilities.*

*I acknowledge that it is my personal responsibility to consult with my own medical advisors concerning my fitness for participation in any sport and that I will pay any medical costs, including emergency medical costs for me, as a result of any injuries or condition I incur at the Center or its rented space. It is acknowledged that the Center does not carry any liability insurance or other insurance that would compensate me for injuries I might incur while at the Center or other Center practice facilities.*

*Videos or other pictures may be taken by the Center for use on its web site or other promotional purposes. I hereby give permission for videos or pictures to be taken of me; give my permission for the Center to reproduce, publish and distribute them at its discretion, and release the Center of any liability with regard to using pictures of me.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? email [tcaikido@yahoo.com](mailto:tcaikido@yahoo.com) · call (651) 644-3360 · visit [www.tcaikido.com](http://www.tcaikido.com)