合氣道 **Twin Cities Aikido Center**
2382 Hampden Ave W
Suite 203
St. Paul, MN 55114
(651) 644-3360

*Twin Cities Aikido Center
announces our*

2016 Spring Seminar
May 13-15, 2016

with
Harvey Konigsberg, Shihan
7th Dan, Woodstock Aikikai

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

Schedule of Sessions & Events

*Schedule is tentative.
See 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

Questions? • *e-mail tcaikido@yahoo.com* • *call (651) 644-3360* • *visit www.tcaikido.com*

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Summer Aikido Seminar
May 13-15 2016

Twin Cities Aikido Center
St. Paul, Minnesota

Participant Registration Form

Name _____   Dojo _____   Rank _____

Address _____

Phone _____   Email _____

Days attending and
amount enclosed
(circle)

Fri — $40
Sat — $60
Sun — $40
All Days — $80

Emergency
contact _____   Phone _____

*Please make checks payable to Twin Cities Aikido Center.

Questions? Please e-mail us (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* _____

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