



**Twin Cities Aikido Center
2017 Spring Aikido Seminar
June 2-4, 2017**

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



*2382 Hampden Ave W, Suite 203
St. Paul, MN 55114*

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

John Chiarolanzio
4th Dan
Shidojin, Aikido of New Paltz



Friday	Saturday	Sunday	Seminar Cost
Class	Class	Class	<i>Fri — \$40</i>
<i>Bokken</i>	<i>10:00-12:00am</i>	<i>10:00-12:00am</i>	<i>Sat — \$60</i>
<i>5:30-7:30pm</i>	<i>2:00-4:00pm</i>	Testing	<i>Sun — \$40</i>
	Banquet	<i>2:00pm</i>	<i>All Days — \$80</i>
	<i>7:00pm</i>		



Spring Aikido Seminar June 2-4 2017

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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