



## Kagami Biraki Seminar Jan 19-21, 2024



**Matt Lynch, Shidoi, 6th Dan**  
*Glen Ellyn Aikido Club*



**Mick Cipra, Fukushidoi, 4th Dan**  
*Twin Cities Aikido Center*

### Seminar Cost

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

### Friday

5:30-7:30pm

### Saturday

10:00-12:00noon

2:00-4:00pm

Pot luck

7:00pm

### Sunday

10:00-12:00noon

*Twin Cities Aikido Center*  
2382 Hampden Ave W  
Suite 203  
St. Paul, MN 55114

*tcaikido@yahoo.com*  
(651) 644-3360  
*www.tcaikido.com*

*Information is tentative.*  
See *www.tcaikido.com* for  
updates



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### Participant Registration Form

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

Days attending and amount enclosed (cash or check only) (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) 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 \_\_\_\_\_