



## Spring Seminar May 31-June 2, 2024

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

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

### Schedule:

#### Friday

6:00-7:30 pm

Please bring your weapons

#### Saturday

10:00 - 12:00 noon

2:00 - 4:00 pm

4:15 pm dan tests

Potluck/Banquet

7:00pm

#### Sunday

10:00 - 12:00 noon

Testing

TBD (kyu tests)

### Seminar Cost

Fri	\$60
Sat	\$80
Sun	\$60
All Days	\$100

Information is tentative.  
See [www.tcaikido.com](http://www.tcaikido.com) for updates



**Harvey Konigsberg, Shihan**  
8th Dan, Woodstock Aikikai



**John Chiarolanio, Shidoi**  
5th Dan, Aikido of New Paltz



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### Participant Registration Form

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

Days attending and amount enclosed (circle)

<i>Fri</i> — \$60
<i>Sat</i> — \$80
<i>Sun</i> — \$60
<i>All Days</i> — \$100

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 \_\_\_\_\_