

REGISTRATION AND WAIVER

Birankai NW Regional Instructors Seminar 2010 Multnomah Aikikai / Portland, Oregon / Friday 2.19 - Sunday 2.21

Please fill out **clearly** and **completely**. Return by February 12.

Name: _____

Address: _____

Phone number: _____ Email: _____

I would like housing if possible (Be aware housing is limited.)

ATTENDANCE IS LIMITED. ADVANCE REGISTRATION IS REQUIRED BY FEBRUARY 12.		
<input type="checkbox"/> Instructors, all classes		\$100
<input type="checkbox"/> Non-instructors, all general classes		\$70
<input type="checkbox"/> Per class: \$15 x _____ classes		
Total due:		

Friday	6:00 – 7:00	Aikido (general)
	7:15 – 8:15	Aikido (general)
Saturday	9:00 – 10:00	Iaido (general)
	10:30 – 11:30	Aikido (general)
	11:45 – 12:45	Aikido (general)
	2:30 – 3:30	Aikido (instructors)
	3:45 – 4:45	Aikido (instructors)
Sunday	8:00 – 9:00	Iaido (general)
	9:15 – 10:15	Aikido (general)
	10:30 – 12:30	Aikido (instructors)

Dojo affiliation: _____

Years studying Aikido: _____

Current rank in Aikido: _____

Teaching certification: _____

Emergency Contact info:

Name: _____

Relationship: _____

Phone: _____

REGISTRATION CHECKLIST

- Registration form complete
- Waiver signed in both places
- Payment enclosed

**Mail to: Multnomah Aikikai
6415 SW Macadam Ave.
Portland OR 97239**

Statement of Health (read and sign): I hereby certify that I (or my child or my ward) has no health problems that would endanger themselves or other students or instructors of Multnomah Aikikai during the practice and study of Aikido. I further certify that should any such health problems develop that I (or my child or ward) will inform the instructor of the class before participating in any class, demonstration or other activities conducted under the auspices of Multnomah Aikikai.

* _____ Signature of Adult (or Parent/Guardian) _____ Date

Waiver and Release (read and sign): I have been informed of the physical nature of the study and practice of the martial art of Aikido. I understand that the study of the martial art of Aikido necessarily involves bodily contact and strenuous exercise. I understand that because of this there is an inherent risk of injury that cannot be eliminated. I understand that by undertaking the practice and study of the martial art of Aikido that I am assuming the risk of possible physical injury to myself (or my child or ward). I understand these risks involved in the study and practice of the martial art of Aikido, and I hereby indemnify, hold harmless, release and forever discharge Multnomah Aikikai, its instructors and students, and the owner(s) of the property, from any and all claims which I or my estate may have which are directly or indirectly based on any injuries or health problems that result from or occur during or develop subsequent to my (or my child's or ward's) participation in classes, demonstrations or other activities conducted under the auspices of Multnomah Aikikai. I agree that any controversy or dispute I might have with Multnomah Aikikai arising out of any injuries or health problems associated with my presence and/or participation in any activities conducted under the auspices of Multnomah Aikikai shall be resolved by binding arbitration in accordance with the then effective rules of the Arbitration Service of Portland Inc.

* _____ Signature of Adult (or Parent/Guardian) _____ Date