

REGISTRATION FORM

The San Francisco Aikido Project

141 11th street
San Francisco, California
94103 USA

June 17, 18, 19, 20, 21 2009

Registration and Release Form. Use one form per person. Please print clearly.

Contact Information

Name: _____
E-mail: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Phone #: _____ Cell #: _____
Age: _____ M F

Training Experience

Style and Rank: _____
Dojo / School: _____

Emergency Contact

Name: _____
Relationship: _____
Phone #(s): _____

Special Medical/Health Conditions or Instructions (allergies, personal physician, etc.):

Seminar Cost SFAP 2009

FULL Retreat \$385. Includes all days, all classes (IF paid before Feb. th if Paid after Feb. th the cost is \$435)
This Seminar is limited to only 60 participants;

Full retreat - \$385 (\$435 after Feb 20th)
Wednesday Only - \$125
Thursday Only - \$150
Friday Only - \$150
Saturday Only - \$150
Sunday Only - \$125

Staying at Dojo?

Yes: How many nights?

Please pay for overnight stay at workshop.

No

Make checks payable to: SFAP

Contact Email: info@SFAikidoProject.com Phone: 415-777-2833

Mail:

SFAP/SUGINAMI AIKIKAI SF
141 11th street
San Francisco, California
94103 USA

Cancellation Policy: There will be a \$200 Cancellation Fee, if you cancel any time before February 10, 2009. If you cancel after **March 1 2009**, the full seminar fee (\$385/\$435) is non refundable.

Please fill out and print this form and send it together with the check in full amount (\$385/435), or total of single day fees, payable to: SFAP; only the first 60 Applicants will be accepted.

Important: If you are NOT participating in the complete seminar; send this form and send it together with a check in correct amount of days attending; payable to: SFAP.

You may stay at the dojo for an additional fee of \$100 for 5 nights (\$25 per night). For Dojo stay please pay when you arrive. Please bring sleeping bag and towel.

THE SAN FRANCISCO AIKIDO PROJECT/SUGINAMI AIKIKAI SF 2009

WAIVER, RELEASE AND INDEMNITY AGREEMENT

SUGINAMI AIKIKAI SF/ The San Francisco Aikido Project ("the Dojo") operates the Aikido Dojo located at 141 11th St., San Francisco, CA 94103. The Dojo offers classes, instruction and training in the martial art Aikido, sponsors workshops, seminars and exams, and hosts or may host other related activities (whether in the Dojo or outside the Dojo), including, among others, yoga, kick boxing, jiu-jitsu and other defensive or fighting arts, and all activities related or incidental thereto (together, "Aikido Activities"). Aikido Activities involve, among other things, observing, sitting, stretching, twisting, rolling, falling, striking, grabbing, throwing, pinning, kicking, weapons training, and many other potentially dangerous or injurious activities, whether as a participant or spectator, and whether or not under the supervision or instruction of **James Friedman, the Dojo's instructors, visiting instructors, principals, employees, attorneys or agents (together, the "Affiliates")** or co-participants, which may result in personal injury, property damage or death. For and in consideration of the Dojo permitting you to participate in or observe Aikido Activities, and whether or not under the supervision or instruction of the Dojo, any Affiliates or co-participants (but except for fraud, willful injury, recklessness, violation of law or the knowing increase in the risk of harm beyond what is inherent in learning, practicing or performing Aikido Activities), you, and on behalf of your heirs, executors and administrators, hereby voluntarily, knowingly and expressly:

- (1) Forever assume any and all risks, whether known or unknown, inherent in Aikido Activities and agree to be challenged to perform beyond your (then) current ability;
- (2) Forever release, relieve, discharge, waive and relinquish any and all claims, actions or causes of action for personal injury, property damage or wrongful death, arising out of, regarding, respecting or concerning the active or passive negligence of the Dojo, any Affiliates or co-participants, as a result of engaging in any Aikido Activity; and
- (3) Forever indemnify and hold harmless the Dojo, the Affiliates and co-participants from and against any and all claims or causes of action by whomever, whenever or wherever made or presented for personal injuries, property damage or wrongful death occasioned by any Aikido Activity.

If any term or provision of this Waiver, Release and Indemnity Agreement is found by a court of competent jurisdiction to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining terms and provisions hereof shall not in any way be affected or impaired thereby.

YOU ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT AND HAVE BEEN FULLY AND COMPLETELY ADVISED OF ALL THE POTENTIAL DANGERS AND RISKS INHERENT IN AIKIDO ACTIVITIES (WHETHER OR NOT UNDER THE SUPERVISION OR INSTRUCTION OF THE DOJO, ANY AFFILIATES OR CO-PARTICIPANTS), AGREE TO BE CHALLENGED BEYOND YOUR (THEN) CURRENT ABILITY, ARE FULLY AWARE OF THE LEGAL CONSEQUENCES OF ENTERING INTO THIS WAIVER, RELEASE AND INDEMNITY AGREEMENT, AND VOLUNTARILY FOREVER ASSUME ALL RISKS, AND WAIVE, RELEASE AND INDEMNIFY THE DOJO, ITS AFFILIATES AND CO-PARTICIPANTS FROM ANY AND ALL CLAIMS AS SET FORTH ABOVE.

*All Payments, Fees and registration + Dojo Items are Non-Refundable and Non-Returnable;

*The Dojo has the sole right to refuse or revoke membership at any time;

****Name of Minor** _____ **Date:** ____ / ____ / 2009

Signature: _____

Print Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____

Phone: _____ **Cell:** _____

Birth Date: _____ **Age:** _____ **Sex:** M F

Aikido Rank: _____ **Years Trained:** _____

Home Dojo: _____ **Occupation:** _____

CREDIT CARD PAYMENT INFORMATION

Name on Card: _____

Card Type: Visa MasterCard

CC#: _____

Exp. Date: _____

Billing Address: _____

CVC#: _____

Amount: _____ USD