



Aikido of Minnesota

and

University of Minnesota Aikido Club



Since 1972

2011 Spring Seminar



Featuring: Rev. Zenko N. Okimura, 7th Dan Shihan
Chief Instructor, World Aikido Aikikai Inc.

Seminar Schedule

Saturday, June 4 at U of MN Armory

9:00 – 9:20	Registration
9:30 – 10:30	Class
10:45 – 12:00	Class – Adults and Children
12:00 – 2:00	Lunch Break
2:15 – 3:15	Class
3:30	Testing
7:00	Potluck Dinner: Location TBD

Please bring your own jo and bokken.
See attached map for directions

Sunday, June 5 at U of MN Armory

9:00 – 10:15	Class
10:30 – 12:00	Class

Seminar Fees

Saturday and Sunday:	\$60
Saturday Only:	\$50
Sunday Only:	\$30

For additional information please visit our website at www.aikidominnesota.org

or

contact Daniel Pederson at 651-271-4468.



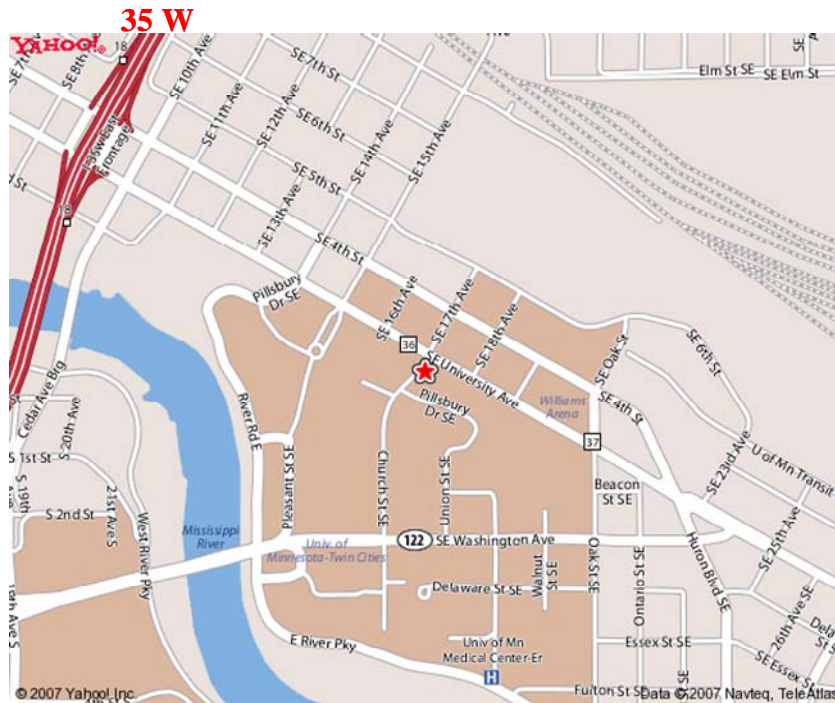
Directions

University of Minnesota Armory

15 Church St. SE

Minneapolis, MN 55455

Take Interstate 35W north from Interstate 94. Head east on University Ave. The nearest available parking ramps are the Church St. Garage, the 4th St. Ramp, and the Washington Ave. Ramp. For more details go to <http://www1.umn.edu/twincities/maps/Armory/>



Registration

Name: _____

Address: _____

Phone: _____

Email: _____

Dojo: _____

Rank: _____

Days attending: Sat. Sun. Both (circle one)

Seminar Fees:

Sat/Sun _____ (\$60)

Sat Only _____ (\$50)

Sun Only _____ (\$30)

Donation _____

Total _____

Registration forms and seminar fees will be collected at the door.

Please make checks payable to: **Aikido of Minnesota**

Please send an email to info@aikidominnesota.org if you plan to attend, so that we may plan accordingly and notify you of any changes!

For lodging information – hotel or housing with a member, please contact Daniel Pederson at 651-271-4468.

Aikido of Minnesota and University of Minnesota

General Release

BECAUSE PARTICIPATION IN AIKIDO CLASSES MAY BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE.

The Undersigned, for himself or herself and personal representatives, assigns, heirs and next of kin or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not To Sue Aikido of Minnesota or University of Minnesota, and each of its instructors or officers, employees and agents all for purpose herein referred to as Releases, from liability to the Undersigned, his personal representatives, assigns, heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releases or otherwise while the Undersigned is upon the premises of Aikido of Minnesota or University of Minnesota and/or a participant in classes or workouts, and

2. Hereby Agrees To Indemnify And Save And Hold Harmless the Releases and each of them from any loss, liability, damage, or cost they may incur (1) due to the presence of any action of the Undersigned in or about Aikido of Minnesota or University of Minnesota, and/or (2) due to participation in classes or workouts whether caused by the negligence of the Releases or otherwise.

The Undersigned expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned warrants the following statements are true and correct and understands that the Releases have relied on them in entering into the foregoing Release, Waiver and Indemnity Agreement and in giving the Undersigned permission to enter the premises of the Aikido of Minnesota or University of Minnesota and to participate in aikido classes:

1. No oral representations, statements or inducements apart from this written agreement have been made.

2. The Undersigned individually is fully aware of the risks and hazards inherent in entering upon the premises of Aikido of Minnesota or University of Minnesota or in participating in any events or classes held in or upon the premises of Aikido of Minnesota or University of Minnesota and hereby acts voluntarily to enter upon said premises, knowing the present condition and knowing that said condition may become more hazardous and dangerous during the time that the Undersigned or either of them are upon said premises. The Undersigned is fully aware that martial arts and all activities associated with participation in aikido classes and workouts (which of necessity may include rigorous physical exertion, bodily contact, throws, pins, and takedowns) is a calculated risk activity, and contains inherent risks and dangers (including serious injury or death), that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands the scope, nature and extent of the risks involved in the activities contemplated by this agreement. The Undersigned individually hereby voluntarily assumes all risks of loss, damage, or injury that may be sustained while in or upon the premises of Aikido of Minnesota or University of Minnesota or as a participant in aikido classes and workouts.

3. That the Undersigned participant gives consent to whatever medical care might be provided or available on the premises and further agrees to conform and comply with all the rules and regulations of Aikido of Minnesota or University of Minnesota.

4. THE UNDERSIGNED PARTICIPANT OR HIS OR HER LEGAL REPRESENTATIVE OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT.

PARTICIPATION IN AIKIDO CLASSES AND WORKOUTS MAY BE DANGEROUS.

BY SIGNING THIS DOCUMENT YOU CERTIFY THAT YOU ARE OVER 18 YEARS OF AGE AND THAT YOU UNDERSTAND ITS CONTENTS.

SIGNATURE _____ DATE: _____

PLEASE PRINT NAME: _____

OR, IF YOU ARE UNDER 18 YEARS OF AGE YOU WILL NEED THE SIGNATURE OF YOUR PARENT OR LEGAL GUARDIAN.

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE _____

DATE: _____

University of Minnesota
Sport Clubs Program
Aikido Spring Seminar 2011

RELEASE OF LIABILITY AND ASSUMPTION OF RISK
EMERGENCY CONTACT AND CONSENT TO TREAT

Club Sport or Special Event Activity: Aikido Spring Seminar Date(s): June 4-5, 2011

Participant's Name: _____ Phone: _____

Address: _____ State: _____ Zip: _____

In consideration of being allowed to participate in any way in the above listed club sport or club sport special event, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these sport events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I acknowledge and consent to the use of video recordings and photographs of my participation in promotional activities conducted by Releasees; and
4. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
5. I understand that if I choose to drive my own vehicle or be a passenger in a non-University vehicle while traveling to and/or from a Club Sport or Club Sport Special Event, University automobile liability insurance coverage will not apply; and
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold Regents of the University of Minnesota, the Department of Recreational Sports, the Sport Club Program, and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releasees") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature)

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that the University does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, University has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not University, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Signature _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature)

Printed Name _____ Phone _____

I am the parent or legal guardian of the minor _____, and I am signing this release on behalf of the minor. (print child's name)

Emergency Contact Information

Contact's Name _____ Relation _____ Phone _____