



**Registration Form**  
**AIKIDO MEMORIAL**  
**OBSERVANCE SEMINAR**  
22-23 April 2017

Aikido Delaware Aikikai

667 Dawson Drive, Suite A  
Newark, DE 19713  
302-369-2454

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Dojo \_\_\_\_\_

- Seminar Fee \$80  
(includes lunch and dinner @ Dojo)
- Donation

Total enclosed \_\_\_\_\_

- Cash       Check #       PayPal

Please make check payable to AIKIDO DELAWARE AIKIKAI (ADA)

**WAIVER OF LIABILITY**

I, the undersigned, understand that there is always an inherent risk of injury that cannot be eliminated or otherwise mitigated. As a condition to being admitted to this event, I knowingly assume the risk of all injuries, and intending to be legally bound, do hereby release, save and hold harmless the Aikido Delaware Aikikai LLC, its owners, operators, Board of Directors, officers, instructors, members, agents, affiliates and all others so connected from any and all liability, care or concern, including attorneys fees and costs for any claims, actions or damages due to injuries suffered by me or caused to me by third parties arising out of this activity, whether occurring on the premises of Aikido Delaware Aikikai LLC, or elsewhere.

Signature \_\_\_\_\_ Date \_\_\_\_\_