

Texas Aikido Seminar with Mark Larson Sensei (Takuto 匠人)
January 13 & 14, 2018
Registration, Media Release and Participation Waiver & Release

Please mail the completed registration, waiver and releases with payment to:

Richard Gilbert
P.O. Box 842
Princeton, TX 75407

Seminar Registration

Name: _____
Address: _____

Telephone: _____ Email: _____

Do you have any special needs of which we need to be aware?

Emergency Contact

Name: _____
Address: _____

Telephone: _____ (Daytime) _____ (Evening)
Email: _____

Make checks or money orders payable to **Texas Niwa Aiki Shuren**.

I will be attending:

Saturday only, January 13, 2018 \$60

Sunday only, January 14, 2018 \$40

OR

Full Weekend, January 13 & 14, 2018 \$90

Seminar T-Shirt \$35

Check size of T-Shirt: S M L XL XXL XXXL

If you have any questions, email us at sensei@texasaikishuren.com or call Janice Gilbert, 972.824.2068 (leave a voicemail for a return call).

Texas Niwa Aiki Shuren Dojo

Richard Gilbert Sensei

<https://www.facebook.com/niwaaikishuren/>

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Media Release

I hereby consent to Texas Niwa Aiki Shuren Dojo's usage of any photographs or video footage collected of me or my child - including my/his/her image, likeness, profile, and/or voice (when relevant) in print and/or broadcast materials by Texas Niwa Aiki Shuren Dojo and by third parties promoting Texas Niwa Aiki Shuren Dojo. Further, I acknowledge that any photograph and/or video footage collected may be edited and I hereby consent to such editing. I release Texas Niwa Aiki Shuren Dojo of any claim because of such editing, of any royalty for the use of such images, likenesses, profiles, and/or voices of my child in Texas Niwa Aiki Shuren Dojo's usage for the purposes of promoting the Texas Niwa Aiki Shuren Dojo.

Participation Waiver & Release

Program activities at Texas Niwa Aiki Shuren Dojo may involve a certain element of risk. Accidental injuries, although rare, may occur while participating in Aikido activities. Please note that Texas Niwa Aiki Shuren Dojo does not provide insurance (accidental death, disability, dismemberment, or medical expense) on behalf of those participating in these activities. As legal guardian of the child listed on this registration request form, or myself participating, I understand that the accidental injuries that may arise are a result of the very nature of participating in this seminar and/or activities are not the responsibility of the participants, the leader (Mark Larson Sensei), or Texas Niwa Aiki Shuren Dojo owners. I hereby release and waive all rights to any claim or action against Texas Niwa Aiki Shuren Dojo arising from injury.

I have read and agree to the Media and Participation Waiver Releases as outlined above.

Participant or Parent/Guardian Signature: _____

Date: _____