

# RIVER CITY AIKIDO

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MARK LARSON, 6<sup>TH</sup> DAN

FEBRUARY 10-11, 2018

RICHMOND, VA

## Tentative Schedule:

**Sat 2/10: 9-10a Kids/Teens**

**10a-12p, 2:30-4:30p Adults/Teens**

**7-11p Potluck Party**

**Sun 2/11: 9:30-12p Adults/Teens**

**Fee: Adults \$100 before 1/19, \$120 after 1/19**

**Kids/Teens \$20 before 1/19, \$25 after 1/19**

**Single day fees available online**

[Register Online](#)

[www.rivercityaikido.com](http://www.rivercityaikido.com) 804-387-2279

Location: 3421 Hawthorne Ave, Richmond, VA 23227

**River City Aikido**  
**2018 Mark Larson Seminar – Application/Waiver**

**Non-Refundable Seminar Fee Must Accompany Registration**

(Check payable to River City Aikido and mail to 3421 Hawthorne Ave, Richmond, VA 23222)

Name: \_\_\_\_\_

Phone (text capable): \_\_\_\_\_

Address: \_\_\_\_\_

Home Dojo and rank: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any health limitations which would affect your ability to practice aikido? YES / NO

If yes, describe: \_\_\_\_\_

Emergency Contact & Phone Number: \_\_\_\_\_

**Read the following carefully and sign—it limits our liability**

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Aikido is a martial art and has certain inherent risks for bodily injury that accompany exercise in general and the training in any martial arts system. It is recommended that one receive medical examination before training in Aikido. By signing this waiver, the participant agrees to train safely and responsibly, and assumes full responsibility for his/herself and releases Mark Larson, Brian Hill, River City Aikido, and its associates from any liability for any and all injuries sustained while training in aikido, on the premises, or in transit. All training is voluntary and participants are urged to not try any technique or exercise that they feel is too advanced for them to perform. Any participant or guest not obeying the rules of etiquette and or safety regulations may be asked to leave the premises.

I, [print name] \_\_\_\_\_, have read this waiver in full and understand the risks involved in training in aikido. I agree to obey all rules and regulations listed above and by my signature below, I agree to all terms and conditions contained in this waiver.

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

Parent or Guardian (if minor) \_\_\_\_\_ Date: \_\_\_\_\_