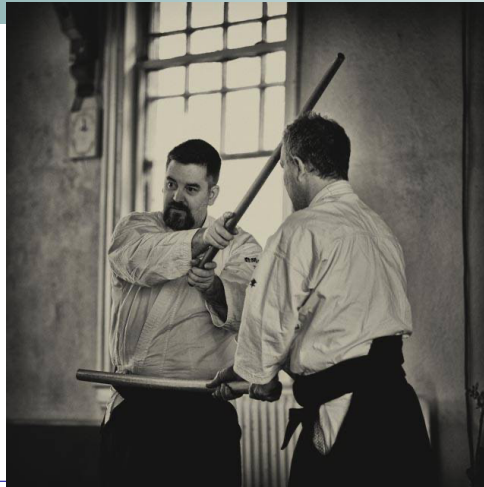


VIRGINIA AIKI SHUREN DOJO

HOSTS



MARK LARSON, 6TH DAN FEBRUARY 15-16, 2020

Tentative Schedule:

**Sat 2/15: 9-10a Kids/Teens
10a-12p, 2:30-4:30p Adults/Teens
4:30-5p 5th Dan Demonstration
7-11p Party**

**Sun 2/16: 9:30-10:30a Kids/Teens
10:30a-1p Adults/Teens**

**Fee: Adults \$120 (\$100 before 2/1)
Youth \$40 (\$30 before 2/1)
Single day fees available online**

[Register Online](#)

www.rivercityaikido.com 804-387-2279

Location: 3421 Hawthorne Ave, Richmond, VA 23227

Virginia Aiki Shuren Dojo
2020 Mark Larson Seminar – Application/Waiver

Non-Refundable Seminar Fee Must Accompany Registration

(Check payable to Brian Hill 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

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: _____