

Luis Santos Shihan Seminar - March 26, 27 & 28, 2010
Registration Form

Please send / make checks payable to: John Araujo, 58 Butler St., New Bedford, Ma 02744

****Before 08/19/2010**

Fri. only \$45

Sat. only \$65

Sun. only \$45

check TOTAL _____

FULL NAME & HOME DOJO NAME _____

D/O/B _____ RANK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT TELEPHONE / CELL NUMBER _____

EMAIL _____

PLEASE READ THE FOLLOWING CAREFULLY. IT LIMITS OUR LIABILITY.

I, the undersigned guest of Aikido Of Bristol County. (hereafter called "school") acknowledge that I am applying to participate in a martial arts seminar involving strenuous exercise and personal body contact. As a condition to being admitted to the school as a guest, I assume the risk of all injury and do hereby hold the school, its employees and agents harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to injuries suffered by me or caused to third parties by me, arising out of activities involving Aikido, or any variation thereof, whether occurring on the premises of the school or elsewhere. I agree to abide by the rules of the school and to follow explicitly all instruction given by instructors during the course of this seminar.

Adults Sign

Parents / Guardians