AIKIDO ASSOCIATION OF AMERICA

PRESENTS AN

AIKIDO SEMINAR



July 21 – 23, 2017

The Aikido Association of America is proud to announce a Utah seminar with Glen Matsuda Sensei, hosted by Mountain Path Aikido in Logan (Friday and Saturday) and Intermountain Aikido in Sandy (Sunday). Training is open to students of any martial art or rank, from any organization or dojo. Newer students are encouraged to attend the Friday session which will emphasize basics.

Matsuda Sensei is ranked rokudan (6th degree black belt). He is one of four Shihandai assistants appointed by the late Fumio Toyoda Shihan, founder of the Aikido Association of America and Aikido Association International. Matsuda Sensei is also the chief instructor of Rockland Aikido in New York. He began Aikido in 1970 and started studying with Toyoda Shihan in 1974. Matsuda Sensei's long association with the AAA has included instructing at AAA Headquarters, teaching programs in Illinois, Indiana, and New York, and leading seminars in the US and abroad.

This seminar has four sections (Friday, Saturday morning, Saturday afternoon, Sunday). Attending any three sections fulfills the seminar attendance requirement for AAA/AAI members.

Cost

Entire Seminar: \$70 at door, or \$60 pre-reg. by July 8, 2017

Schedule

Friday: Basics (beginners welcome) 7:00 pm – 9:00 pm

Saturday: 10:00 am –1:00 pm 3:00 pm – 5:00 pm

Sunday: 10:00 am – 1:00 pm

Seminar Locations

Friday/Saturday Cache Valley Athletics 917 W 600 N, Logan, UT 84321

Sunday

Personal Mastery Martial Arts 8663 Highland Dr, Sandy, UT 84093

Information

Christine Dyer 714-345-6885 Jeremy Neff 435-764-0080



Matsuda Sensei Seminar Registration Form

July 21 – 23, 2017

This seminar has four sections (Friday, Saturday morning, Saturday afternoon, Sunday). Attending any three sections fulfills the seminar attendance requirement for AAA/AAI members.

Pre-registration due by July 8

I would like to register for: 🗖 Entire Seminar \$70 (\$60 pre-reg)					
□ Friday \$30 (\$20 (pre-reg)	□ Saturday \$60 (\$50 (pre-reg) □	∃ Sunday \$30 (\$20 pre-reg)			
NAME: TODAY		DDAY'S DATE:			
MAILING ADDRESS:					
CITY/STATE/ZIP:					
PHONE (circle one): HOME WORK MOBILE		FAX:			
E-MAIL:					
MARTIAL ART (circle one): AIKIDO OTHER (please specify):					
DOJO:		RANK:			
PAYMENT METHOD: CHECK ENCLOSED, payable to Aikido Association of America		erica CASH (full price at door)			
Charge my IVISA I MASTER CARD NUMBER:		EXP. DATE:			

Release of Liability (Please read before you sign)

For and in consideration of the permission of the Aikido Association of America, hereinafter called the Association, to use its facilities and of the execution by others of agreements similar hereto, the undersigned hereby agrees that while upon the premises of the Association or while using its facilities or equipment, whether at the Association or at any other location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases the Association from any and all claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts any persons thereon. The undersigned further agrees indemnify and hold harmless the Association and each of its instructors, teachers, officers, directors and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon the premises of the Association or while using any of its facilities or equipment, whether at the association or at any other location for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person. I certify by my signature that I have read and understand this agreement in its entirety and all my questions regarding it have been fully answered. I understand that the Association documents activities and events involving classes and instruction.

I give the Association permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way the Association wishes. I understand that the Association is the sole owner of this documentation.

Signed:

(Parent or guardian must sign if participant is under 18)

To pre-register please mail this form with payment and completed waivers for all locations to: Intermountain Aikido, PO Box 219, Midvale, UT 84047



EVENT WAIVER - MATSUDA SENSEI SEMINAR, JULY 21-23 2017

The undersigned hereby agrees that while upon premises used by Mountain Path Aikido LLC and while using equipment at any location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned. The undersigned hereby releases Mountain Path Aikido LLC from claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts of any persons thereon.

The undersigned further agrees to indemnify and hold harmless Mountain Path Aikido LLC, and its instructors, teachers, officers, and members from claims arising out of the acts of the undersigned while upon premises used by Mountain Path Aikido LLC and while using its equipment for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person.

I certify by my signature that I have read and understand this agreement in its entirety and that all of my questions regarding it have been fully answered. I understand that Mountain Path Aikido LLC documents activities and events involving classes and instruction. I give Mountain Path Aikido LLC permission to use any documentation, such as videotaping, photography, or film, in which my image is taken in whatever way Mountain Path Aikido LLC wishes. I understand that Mountain Path Aikido LLC is the sole owner of this documentation.

Full Name:	Today's Date:			
Address:	E-mail:			
	Date of Birth:			
Medical conditions that may limit your practice:				
Emergency contact name and phone:	Contact's relationship to you:			
 I understand that training in aikido could result in physical injury. I have read and understood the Release of Liability, and the information I have given is complete and correct. Signed (parent or guardian if under 18): 				

Personal Mastery Martial Arts

8663 Highland Drive, Sandy, UT 84093

Aikido Seminar with Glen Matsuda Sensei, July 21-23 2017

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	In consideration for my attendance and participation in the martial arts training offered by Personal Mastery Martial Arts, I, the student/parent, acknowledge the existence of certain inherent risks in this type of training and hereby agree to					
E R	assume all risks. I further relieve the school, it's management, assigned staff and fellow students from any liability					
B	resulting from loss, whether personal belongings or bodily injury. I also hereby state, that myself or my child is					
5	physically fit to take the prescribed course of instruction and do so of my own free will in exchange for an agreed upon					

fee. I understand there is a no refund policy on any monies I will pay Personal Mastery Martial Arts.

Signature

6-2

Date