

**NOLA Aikido Dojo Weekend Seminar
Jan Nevelius Sensei, 6th Dan, Aikikai
February 19-21, 2010
Registration Form**

Non-Refundable Fee Must Accompany Registration (Please make check payable to **NOLA Aikido Dojo**, and mail to c/o Robert Brian Levy, 815 Roosevelt Place, New Orleans, LA 70119, before January 31, 2010, or bring to the seminar.)

Name _____ **Contact Telephone** _____

Address _____ **City, State, (Country)** _____

Zip _____ **Email Address** _____

Home Dojo _____ **Aikido Rank** _____

Do you have any health limitations that would affect your ability to practice Aikido?

Contact Person and Phone in Case of Emergency:

Amount Enclosed:

\$80.00 Pre-Registration by January 31, 2009 _____

\$100.00 Registration At the Door _____

\$25.00 Per Class (Please indicate which classes you plan to attend) _____

How did you learn about the Seminar?

NOLA Aikido Dojo Seminar with Jan Nevelius Sensei, Feb. 19-21, 2010 WAIVER

READ THE FOLLOWING CAREFULLY; IT LIMITS OUR LIABILITY

I, the undersigned guest of NOLA Aikido Dojo and Jan Nevelius (hereafter called "Schools"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I acknowledge that any insurance that the Schools may carry may not cover injury to its students. As a condition to being admitted to the Jan Nevelius seminar and related events, I assume the risk of all injury and *do hereby hold the Schools, its instructors, 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, any variation thereof, or associated therewith, whether occurring on the premises of the Schools or elsewhere, excepting only those actions or damages caused by the gross negligence of any of them.

I agree that the health, welfare, and safety of all students, members, and instructors of the Schools are of paramount importance. I certify that there is no medical reason to preclude me from training. I certify that, other than as stated above, I do not have a communicable, contagious, or other health condition that poses a medically recognized or dangerous risk of harm to other students, members, or instructors of the School.

I agree to abide by the rules of the Schools and to follow explicitly all instructions given by instructors. I understand that (a) training is a privilege, (b) that the Schools may refuse to provide instruction or membership to any person at any time, and (c) fees paid are not refundable. I agree to receive communications as appropriate at the above address from Schools and I agree that the Schools may use any photographs of me taken at the seminar in its educational materials.

Printed Name _____

Signature _____ Date _____

If student is under eighteen years of age, parent/guardian must also sign here.

I, the undersigned, as parent or guardian of the above applicant, certify that I have read the above application and I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Printed Name _____

Signature _____ Date _____