



# Athens Ki-Aikido Dojo

A registered Dojo Branch of Shinshin Toitsu Aikido Kai (Ki Society)

Seminar in Ki-Aikido and Ki/MBO

August - 2, 3, 4 2024

(No need to mail, this can be signed, saved, and returned by email to: [kiaikidoathensoh@gmail.com](mailto:kiaikidoathensoh@gmail.com))

Name (Print): \_\_\_\_\_ Ki Society Member # \_\_\_\_\_ Ki Rank# \_\_\_\_\_

Aikido Rank: \_\_\_\_\_ Home Dojo: \_\_\_\_\_ If not MKF do you have CI permission? Y ☐ N ☐

Note: Shaner Sensei has given blanket permission for EKF folk

Phone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ In Case of emergency contact: \_\_\_\_\_

Print Name & Relationship, Phone #

Attending: All Days ☐ Only: Friday Saturday Sunday ☐

Classes: Class I ☐ Class II ☐ Class III ☐ Class IV ☐ Class V ☐

**Note:** In the unlikely event the next Kobori Sensei Zoom class is scheduled for August 3. Ki Society Members attending the Seminar are invited to attend the Zoom in our dojo. Separate MKF fee \$10 – pay through your home dojo after the Zoom.

**Waver:** PLEASE READ and **SIGN** the attached waver/release form and mail with check, or bring to the event.

**Note: Persons Under 18 Will Need Legal Guardian Co-sign On The Waver.**

Athens Ohio Ki-Aikido is a 501 (c) (3), Ohio Registered Non-Profit Corporation and does not discriminate in admissions, programs or services offered on the basis of race, creed, color, national or ethnic origin, sex, sexual orientation, or gender identity.

**EVERYONE IS WELCOME WHO IS OK WITH EVERYONE ELSE BEING WELCOME**

## PLEASE READ AND SIGN THE FOLLOWING RELEASE

I hereby apply for instruction in Shinshin Toitsu Aikido (AKA Ki-Aikido) and/or Ki Development and/or related topics with Athens Ohio Ki-Aikido (hereinafter "AOKA") for myself or on behalf of my minor child.

I understand that I must study and fully comply with all oral and written safety and procedural rules and regulations, in effect at AOKA and all places (permanent or temporary) where AOKA activities take place, and obey the instructions of anyone teaching on behalf of AOKA in charge of the class or activity that I attend.

I acknowledge that I am applying for myself (or my child) for instruction and participation in a martial-art-based discipline which, by its nature, involves strenuous exercise, physical activity, personal body contact between participants, and actions by myself or other participants which carry inherent risk of injury. These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.

I understand that this inherent risk of injury cannot be eliminated. Such injuries may include, but are not limited to, bruising, abrasions, pulled muscles, dislocated joints, broken bones, partial and/or total disability, paralysis, or death.

I hereby knowingly and voluntarily assume full responsibility and waive any and all claims against AOKA, its officers, directors, instructors, and members, individually or otherwise, for any and all claims, injuries, or losses I might sustain while attending or participating in AOKA classes or activities; and I also knowingly and voluntarily indemnify and hold harmless AOKA, ACEnet, Midland Ki Federation, and Shinshin Toitsu Aikido Kai, and their officers, directors, instructors, and members, individually or otherwise, separately or collectively, for any and all claims, injuries, or losses to me or others that occur while attending or participating in AOKA classes or activities, brought about on my behalf by others, or against me by others.

I acknowledge and agree that this waiver, release and indemnification shall apply to all classes and activities of AOKA, or sponsored by them, in which I choose to participate, at their primary location or any other location, including events in other towns, states or nations, and including travel to or from such events.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

(Required if Applicant is under 18)

AOKA Registrar Signature \_\_\_\_\_

Date \_\_\_\_\_