

REGISTRATION/LIABILITY FORM

AMOUNT ENCLOSED _____

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____ AGE _____

NAME OF DOJO _____ INSTRUCTOR _____

DOJO ADDRESS _____ CITY _____ ZIP _____

Email address _____

Above participant hereby agrees to accept all responsibilities for injuries to themselves and hereby indemnify the American Aikido Institute, LLC, Howard Sensei, and all of it's members, instructors, guests, and employees from any civil, or criminal responsibilities, liabilities, damage, or claims for injuries, which may arise out of participating in this seminar.

Make checks payable to: American Aikido Institute, LLC
9922 N. Knightsville Johnson St.
Brazil, IN 47834

Signature
(Parent/Guardian if under 18)

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