2017 Special Seminar with Shinichi Tohei Sensei



June 22 – 25, 2017 in Westminster & Boulder, Colorado

Application Form

(PLEASE PRINT CLEARLY)

| Nam | e | | |
|---|--|--|--|
| Addr | ess | | |
| City | | State Zip | |
| Emai | il | | |
| Eme | rgency Contact | Emergency Phone | |
| | | | |
| Hom | e Dojo | Ki Society Membership# | |
| Ki Ra | ınk | Aikido Rank | |
| Ki Le | cturer level | Examiner level | |
| Chie | f/Head Instructor's Signature | | |
| CHECK ALL CLASSES YOU WILL ATTEND | | | |
| | ALL Classes (incl. Instructors' Classes) | ☐ ALL OPEN Classes | |
| For MKF Head & Lead Instructors only (or by special permission) At the Westminster dojo*. These classes require Ki Society Membership. Instructors without at least Joshu (Assistant) Ki Lecturer certification Kashiwaya Sensei's permission. Non-MKF Instructors need permission of your own Chief Instructor. | | | |
| | Thursday, June 22 – 9:30am – 4pm | | |
| Friday, June 23, DAY – 9:30am – 3pm | | | |
| | 2:30 Friday: Joden Ki Testing (by prior arra | ngement with permission of Kashiwaya sensei) | |
| OPEN TO ALL Ki Society Members (or students regularly participating in Ki Society training) *Friday evening, Saturday & Sunday classes at the University of Colorado Boulder Recreation Center* Friday, June 23, EVENING – 6:30pm – 8pm Saturday, June 24 – 9:30am – 12pm Saturday, June 24 – 1:30pm – 4pm Saturday evening, RMKS 40 th Anniversary Celebration (Separate charge) | | | |
| | Sunday, June 25 – 10am – Noon | | |
| | Sunday, June 25 – 1:30pm – 4pm | | |
| | - ' | | |

^{*} Official accommodations for this event will be in rooms at the University of Colorado Boulder. This option will be significantly cheaper than other commercial options. Attendees are strongly encouraged to use this option. Reservations and payment will be via direct link to CU Boulder. Directions to venues, a link for accommodations information/reservations, and additional information will be sent when registration is received.

Midland Ki Federation

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FEES

EARLY REGISTRATION DISCOUNT: deduct \$50 (Registration & DEPOSIT received BEFORE April 15)

ALL 6 Seminar classes (Thu., Fri., Sat., Sun.) (Qualified Instructors) \$450
ALL 4 OPEN classes (Fri. evening, Sat., Sun.) \$350
Per day: (choose day: Thu., Fri., Sat., and/or Sun.) \$250
Friday evening included with either Friday Day or Saturday Day.
Per individual class (no early discount/at door only) \$75

Please send your non-refundable deposit of \$100 by April 15th, 2017

Total Class Fee: \$

Less Deposit: (\$100)

Balance Due: \$ Balance must be paid on first day of class attendance

Send Application, release form, and payment to:

Midland Ki Federation c/o Boulder Ki Aikido 1925 55th Street Boulder, CO 80301

Midland Ki Federation

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Release Form – Liability and Assumption of Risk

| ATION | • |
|--|---|
| Toitsu Aikido. On behalf of myself, my harmless Shinshin Toitsu Aikido Kai (k Ki Society, Boulder Ki Aikido, the University instructors, from any and all claims of including attorneys fees, or any liability damage which may be sustained by n transportation (including air travel) co | , certify that I am in good health and have no er my health in participation of this Special Seminar of Shinshin heirs, successors and assigns, I hereby release and hold is Society), Ki Aikido USA, Midland Ki Federation, Rocky Mountain ersity of Colorado Boulder, and all their officers, agents and/or floss or damage to personal property, liabilities and costs ty resulting from, or in any manner arising out of, any injury or me or my property on account of my participation and/or connected with herein said activity. If those I have hereby agreed incur any expenses related to these matters, I hereby agree to |
| I am voluntarily participating in this Spare risks associated with my participa pain, suffering, illness, disfigurement, These injuries or outcomes may arise condition of the Activity location(s) or | pecial Shinshin Toitsu Aikido Seminar. I understand that there ation in this Activity, such as physical and/or psychological injury, temporary or permanent disability, death or economic loss. Is from my own or other's actions, inactions, or negligence, or the facility(ies). Nonetheless, I assume all risks of my participation in own to me, including travel to and from the Activity (including air s Activity. |
| | of signing this release application, I am legally competent to I have fully informed myself of its contents and execute it with |
| Signature | Date |
| | rm – Liability and Assumption of Risk minor participants |
| named Participant. I have read this do consequences of signing this docume officers, agents, and instructors fro and the Participants' right to sue the participation in this Activity, including incidental to this Activity. I allow the P | , am the parent or legal guardian of the above ocument, and I am signing it freely. I understand the legal ent, including (a) releasing the aforementioned entities , om all liability on my and the Participant's behalf, (b) waiving my aforementioned , (c) and assuming all risks of Participant's travel to and from the Activity (including air travel) or any events participant to participate in this Activity. I understand that I am ects of the Participant as described in this document. I agree to be nent. |
| · | of signing this release application, I am legally competent to have fully informed myself of its contents and execute it with |
| Circa at the care | |