

DRAFT PROPOSAL 1/18/17 REV 2/7/17; 2/8/17; 2/22/17

Midland Ki Federation
2017 Special Seminar with Shinichi Tohei sensei
June 22 – 25, 2017
In Westminster and Boulder, Colorado
Application Form

PLEASE PRINT CLEARLY

Name _____
Address _____ Email _____
City _____ State _____ Zip _____
Emergency Contact _____ Emergency ph.# _____
Home Dojo _____ Ki Society Membership Number _____
Ki Rank _____ Aikido Rank _____
Ki Lecturer level _____ Examiner level _____
Chief/Head Instructor's Signature _____

Check All Classes You Will Attend (ALL classes require Ki Society Membership)

ALL Classes _____ (inc. Instructors) **ALL OPEN Classes** _____

Thursday & Friday Day classes at Westminster dojo*

MKF Head & Lead Instructors or special permission

(Instructors who do not have at least Joshu (Assistant) Ki Lecturer need K. 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 – 4pm

3:30 Friday: Joden Ki Testing (by prior arrangement with/permission of Kashiwaya sensei)

Following classes OPEN TO ALL Ki Society Members (or students regularly participating in Ki Society training).

*Friday evening, Saturday & Sunday classes at 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 40th Anniversary Celebration (Separate charge)>

_____ Sunday June 25 10am – Noon

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.

<link>

****Directions to venues, a link for accommodations information/reservations, and additional information will be sent when registration is received.***

FEEES

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

ALL 6 Seminar classes (Th, F, S, Sn) (Qualified Instructors): \$450

All 4 OPEN classes (F evening, S, Sn): \$350

Per day: (Th; or F day; or S; or Sn) \$250

Friday evening included with either Friday Day or Saturday Per 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

<RMKS/Boulder address>

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Release Form – Liability and Assumption of Risk

I, (print name) _____, certify that I am in good health and have no physical defects which would endanger my health in participation of this Special Seminar of Shinshin Toitsu Aikido. On behalf of myself, my heirs, successors and assigns, I hereby release and hold harmless Shinshin Toitsu Aikido Kai (Ki Society), Ki Aikido USA, Midland Ki Federation, Rocky Mountain Ki Society, Westminster Ki Aikido, the University of Colorado Boulder, and all their officers, agents and/or instructors, from any and all claims of loss or damage to personal property, liabilities and costs including attorneys fees, or any liability resulting from, or in any manner arising out of, any injury or damage which may be sustained by me or my property on account of my participation and/or transportation (including air travel) connected with herein said activity. If those I have hereby agreed to release and hold harmless should incur any expenses related to these matters, I hereby agree to reimburse them.

I am voluntarily participating in this Special Shinshin Toitsu Aikido Seminar. I understand that there are risks associated with my participation in this Activity, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability, death or economic loss. These injuries or outcomes may arise from my own or other's actions, inactions, or negligence, or the condition of the Activity location (s) or facility (ies). Nonetheless, I assume all risks of my participation in this Activity, whether known or unknown to me, including travel to and from the Activity (including air travel) or any events incidental to this Activity.

I represent and covenant at this time of signing this release application, I am legally competent to execute it and that before signing it, I have fully informed myself of its contents and execute it with full knowledge thereof.

Signature _____ Date _____

**Parental Release Form – Liability and Assumption of Risk for
minor participants**

I, (print name) _____ am the parent or legal guardian of the above named Participant. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the **aforementioned entities, officers, agents, and instructors** from all liability on my and the Participant's behalf, (b) waiving my and the Participants' right to sue the **aforementioned**, (c) and assuming all risks of Participant's participation in this Activity, including travel to and from the Activity (including air travel) or any events incidental to this Activity. I allow the Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of the Participant as described in this document. I agree to be bound by the terms of this document.

I represent and covenant at this time of signing this release application, I am legally competent to execute it and that before signing it, I have fully informed myself of its contents and execute it with full knowledge thereof.

Signature _____ Date _____