



Registration Form
AIKIDO MEMORIAL
OBSERVANCE SEMINAR
27-28 April 2019

Aikido Delaware Aikikai

667 Dawson Drive, Suite A
Newark, DE 19713
302-369-2454

Name _____

Address _____

City/State/Zip _____

Phone _____

Email Address _____

Dojo _____

LODGING INFORMATION:
BAYMOUNT INN & SUITE HOTEL
630 SOUTH COLLEGE AVENUE
NEWARK, DE 19713-1315
USE CODE- WAAI

- Seminar Fee \$80
(includes lunch and dinner @ Dojo)
- Donation

Total enclosed _____

- Cash
- Check #
- PayPal

Please make check payable to AIKIDO DELAWARE AIKIKAI (ADA)

WAIVER OF LIABILITY

I, the undersigned, understand that there is always an inherent risk of injury that cannot be eliminated or otherwise mitigated. As a condition to being admitted to this event, I knowingly assume the risk of all injuries, and intending to be legally bound, do hereby release, save and hold harmless the World Aikido Aikikai Inc., the Aikido Delaware Aikikai LLC, its owners, operators, Board of Directors, officers, instructors, members, agents, affiliates and all others so connected from any and all liability, care or concern, including attorneys fees and costs for any claims, actions or damages due to injuries suffered by me or caused to me by third parties arising out of this activity, whether occurring on the premises of Aikido Delaware Aikikai LLC, or elsewhere.

Signature _____ Date _____