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Seminar Registration Form

(Please register by Feb 27th)

Seminar (\$55) ___ Lunch (\$5) ___ Dinner Chinese Buffet (pay at restaurant) ___
(Please indicate with an "X" where applicable)

Please E-mail registration forms to ranmullin@gmail.com by Feb 27th, 2015. New this year, pay using Paypal or via bank email money transfer (see payment details below).

Registrations received after Feb 27th, 2015 will incur an extra \$15 late registration fee. **DON'T DELAY! Register today.**

Payment options:

1. Bank email money transfer (send to ranmullin@gmail.com, please use password 'iaidosem2015' thank you)
2. Use the convenience of PayPal. Click [here](#).
3. The above options don't work for you? Email us ranmullin@gmail.com.

Total Fees Paid: \$ _____

Name: _____

Dojo: _____

Address: _____

Rank: _____

Email: _____

Phone #: _____

Please ensure that you have completed the Waiver Form on the next page and return all info by email to ranmullin@gmail.com.

(Will be required to sign the waiver at clinic)

Payment is required to guarantee your spot. We sell out each year so don't delay!

Free gift to the 1st 40 registrations received

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Waiver Of Liability For Special Martial Arts Events

Event: Hayakama Iaido Clinic

Date: March 7st, 2015

Name: _____
Surname Given Name

Address: _____
Street, Apt.# (if applicable) City Postal Code

Telephone: (_____) _____ (_____) _____ E-mail: _____
Home Business

Date of Birth: ____/____/____
MM DD YY

Name of Home Club: _____ Rank _____

Medical History

I acknowledge that by participating in this Martial Arts Event, I will be involved in rigorous physical and mental training and contact, and therefore it is important to disclose to the Hayakama Dojo any health impediment which would impair my ability to participate in any way in the Martial Arts Event. Set out below is my medical history. (*Please provide details on separate sheet if necessary.)

Heart Ailment	Hernia	Surgery
Fractures	Injuries	Other, please describe: _____
Bone Disease	Epilepsy	

Release of Liability

I hereby make application to participate in the Martial Arts Event described above, and I agree to abide by the rules and regulations set by the Hayakama Dojo in connection with the event. I hereby release the Welland Martial Arts Center Dojo, its directors, officers, employees, instructors, members, volunteers and invitees and licensees from any and all claims, demands, actions, causes of action, or any other liability or obligation whatsoever arising out of or in connection with my participation in the Martial Arts event of the Welland Martial Arts Center, whether relating to personal injury or damage to or loss of property or otherwise, whether going to or away from or at or in the premises of the Welland Martial Arts Center or elsewhere, and whether in contract or in tort.

Signature of Applicant

Date

If under the age of 18 years, the parent or guardian of the applicant must consent to this application by signing below.

Signature of Parent or Guardian

Date