

SANTA CRUZ AIKIDO SUMMER RETREAT JULY 10-14, 2002

Please complete both sides of this form. One person per form, please. Make copies if needed.

LIABILITY WAIVER

I, the undersigned, acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I understand that because of this there is always an inherent risk of injury that cannot be eliminated. I acknowledge that the Santa Cruz Aikido Summer Retreat/North Bay Aikido carries no insurance against injury to any of the participants of this seminar. As a condition of being admitted to the Santa Cruz Aikido Summer Retreat, I assume the risk of all injuries and do hereby hold the Santa Cruz Aikido Summer Retreat/North Bay Aikido, its employees and agents, harmless from any and all liability (including attorney's fees and costs) for all claims, actions or damages due to injuries suffered by me or caused to a third party by me during the course of the Summer Retreat, or arising out of the activities involving Aikido, or any variation thereof, whether occurring on the premises of the Retreat/North Bay Aikido or elsewhere, excepting only those claims, actions or damages caused by the gross negligence or intentional act or omission of them.

I understand that aikido is an educational system. For the benefit of the training and safety of myself and other participants, I agree to conduct myself in a manner consistent with the rules of dojo etiquette and common sense safety observation.

Signature _____ Date _____

If the applicant is under eighteen (18) years of age; I, the undersigned, as a parent or guardian of the above applicant, certify that I have read the above contract and I consent to the applicant's receiving the instruction applied for, and I agree to the provisions of the contract for myself and said applicant.

Signature _____ Date _____

SANTA CRUZ AIKIDO SUMMER RETREAT JULY 10-14, 2002

Please complete both sides of this form. One person per form, please. Make copies if needed.

Name _____

F _____ M _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

E-mail address: _____

Dojo: _____ Rank in Aikido? _____

Do you teach Aikido? _____ In what capacity? _____

Have you attended previous Santa Cruz Retreats? _____

Which years? _____

Apartments contain 2 to 4 bedrooms, single and double occupancy bedrooms (4 people per apartment). When possible, we try to honor roommate preferences: _____

\$425 Residential Plan

Deposit due with registration: \$200

Balance due June 9: \$225

\$215 Commuter Plan

Deposit due with registration: \$100

Balance due June 9: \$115

Fees: (indicate amount) Tuition: _____ (Residential: \$425) (Commuter: \$215) Scholarship Donation: + _____ Fee subtotal = _____ <hr/> Deposit: - _____ (Residential: \$200) (Commuter: \$100) Amount due June 9: _____
--

Make checks payable to:
 NORTH BAY AIKIDO and mail to:
 North Bay Aikido
 Santa Cruz Aikido Summer Retreat
 306 Mission St., Santa Cruz, CA 95060

Smoking / Nonsmoking T-shirt size _____ T-shirt style: (Reg. T LG Sleeve Tank Scoop Neck
 (For planning purposes only; no commitment)

SCHOLARSHIP DONATION
 YES, I would like to support the scholarship fund. Amount of donation enclosed: _____

SCHOLARSHIP REQUEST
 Please send me a scholarship application. I have completed the registration form and enclosed the appropriate deposit.