

Aikido World Alliance

KANGEIKO

Intensive Winter Training

Instruction by:
Andrew Sato, Sensei

February 9th-12th, 2006

Hosted by:

Kiku Matsu Dojo
4512 N. Lincoln Ave., Chicago, IL 60625



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AIKIDO WORLD ALLIANCE

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About Kangeiko

Kangeiko training is usually held during the deep cold of winter. Its aim is to provide a chance for the student to test his/her determination, cut through their illusions and strengthen the human spirit. Through the shared group efforts in a harsh and cold training environment the true meaning of Shugyo and Aikido can be illuminated. Instruction will be given by Andrew M. Sato, Chief Instructor of the Aikido World Alliance. Standing and seated empty hand waza, as well as weapons training will be covered over the Kangeiko event. Please bring your jo and bokken.

Seminar Schedule

Thursday, February 9th	5.30 pm 6:00 pm– 9:00 pm	Registration Aikido
Friday, February 10th	7:00 am – 8:00 am 10:00 am – 1:00 pm 6:00 pm– 8:00 pm	Aikido Aikido Aikido
Saturday, February 11th	10:00 am – 1:00 pm 3:00 pm – 6:00 pm 7:00 pm	Aikido Aikido Group Dinner
Sunday, February 12th	10:00 am –1:00 pm	Aikido



Lodging in the Area

Heart of Chicago
5990 N. Ridge Ave.
Chicago, IL 60640
Ph: 773 271 9181

Days Inn
644 Diversey
Chicago, IL 60614
Ph: 773 525 7010

Purple Radisson
4500 W. Touhy Ave.
Lincolnwood, IL
Ph: 847 677 1234

Kangeiko Registration Form— Kiku Matsu Dojo, IL

I would like to register for the seminar. Please find enclosed my check or money order (made payable to “Aikido World Alliance”) in the amount of:

\$100 Entire Seminar

\$40 Thursday only \$60 Friday only \$60 Saturday only \$40 Sunday only

EVENT DATE(S): _____ FEE: _____ TODAY’S DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ PHONE (W): _____

E-MAIL: _____

MARTIAL ART: () AIKIDO () OTHER: _____

NAME OF DOJO: _____ RANK: _____

EMERGENCY CONTACT: _____ PHONE: _____

PAYMENT METHOD:

Check enclosed: _____ Amount: _____

Credit Card: Visa MasterCard Card #: _____ Exp. _____

Please mail registration and payment to: **Aikido World Alliance, 4512 N. Lincoln Ave, Chicago, IL 60625**

For more information, contact: E-mail: AikidoAlliance@aol.com or Ph: 773-784-4450 Fax: 773-784-4405

Release of Liability (Please read before you sign)

For the permission of Aikido World Alliance, to use its facilities and of the execution by others of agreements similar, the undersigned agrees that while upon the premises of Aikido World Alliance or while using its facilities or equipment, whether at Aikido World Alliance or at any other location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases Aikido World Alliance from any and all claims for personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts of any persons thereon. The undersigned further agrees to indemnify and hold harmless Aikido World Alliance and each of its instructors, teachers, officers, directors, and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon the premises of Aikido World Alliance or while using any of its facilities or equipment, whether at the Aikido World Alliance or any other location for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person. I certify by my signature that I have read and understand this agreement in its entirety and all of my questions regarding it have been fully answered. I understand that Aikido World Alliance document activities and events involving classes and instruction. I give Aikido World Alliance permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way Aikido World Alliance wish. I understand that Aikido World Alliance is the sole owner of this documentation.

SIGNED: _____ SIGNED: _____

(Parent or guardian if participant is under 18)

DATE:	BY WHOM:
AMOUNT:	CASH: CK: CHG
NOTE:	