

Aikido World Alliance Seminar

Instruction by:
Andrew Sato, Sensei

March 31st – April 2nd, 2006

Hosted by:

Roshinkan Dojo
902 W. Indiana
Spokane, WA 99205
Ph: (509) 258 7353



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Chicago, IL 60625
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www.aikidoworldalliance.com

About the Seminar

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 course of the event. Please bring your jo and bokken, weapons will be large part of seminar.

Seminar Schedule

Friday, March 31st	5.30 pm 6:00 pm– 9:00 pm	Registration Aikido
Saturday, April 1st	10:00 am – 1:00 pm 3:00 pm – 6:00 pm 7:00 pm	Aikido Aikido Group Dinner
Sunday, April 2nd	10:00 am –1:00 pm	Aikido

About the Instructor

Andrew M. Sato, Rokudan Aikikai, is a full time Aikido instructor. Sato sensei trained under Fumio Toyoda shihan beginning in 1977, until Toyoda sensei's passing in 2001. First as member of the Ki Aikido Society, then with the Aikido Association of America and Aikido Association International. From 2002 until the end of 2004 Sato sensei served as the chief instructor of both the AAA & AAI. In 2005 he organized the Aikido World Alliance for dojo cho and students to further improve their understanding and art of Aikido through standardized instruction and intensive training, while providing opportunities for personal exchange and community networking.

Lodging in the Area

Holiday Inn

801 N. Division St.
Spokane, WA 99202
Ph: (509) 328 8505

Best Western

3033 N. Division St.
Spokane, WA 99207
Ph: (509) 326 5500

Rodeway Inn

901 W. 1st Avenue
Spokane, WA 99201
Ph: (509) 747 1041

Seminar Registration Form— Roshinkan Dojo, WA

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:

\$70 Entire Seminar

\$30 Friday only \$50 Saturday only \$30 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: _____	