



SEMINAR REGISTRATION



Please complete this form and email to info@aikidocenterofmiami.com or mail to Aikido Center of Miami 15150 Bull Run Road, Miami Lakes, FL 33014.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

DOJO: _____ AFFILIATION: _____

RANK: _____

Waiver of Liability:

AIKIDO CENTER OF MIAMI, FIU, SHULA'S ATHLETIC CLUB their agents, servants, or employees shall not be responsible or in any way liable to the student, his or her parents, guardians, heirs, executors etc for any damages for injuries sustained by the student because of any accident of any kind.

Signature: _____ DATE: _____

All ranks and affiliations welcome.