

EKF General Membership Seminar

"Growing and Developing Together"

Instructor: Terry Pierce Sensei, 7th Dan

April 16th, 17th, and 18th, 2010

Elkton Ki Aikido
406D Spotswood Trail
Elkton, Va. 22827

This Seminar is open to all Ki Society members.



Pierce Sensei is a 7th degree blackbelt in Shinshin Toitsu Aikido and Okuden in Shinshin Toitsudo. He has been training in Aikido and a loyal student of Tohei Sensei for over 44 years. This makes Pierce Sensei the most senior member of the Eastern Ki Federation. Pierce Sensei serves as Chief Instructor of the New Jersey Ki Society.

Friday, April 16th:

4:30 pm to 6:00 pm: Seminar Registration

6:00 pm to 8:00 pm: Training

8:30 pm to ~: Dinner with Pierce Sensei at a local restaurant.

Saturday, April 17th:

8:00 am to 9:00 am: Seminar Registration

9:00 am to 12:00 noon: Training

12:00 noon to 1:30 pm: Lunch

1:30 pm to 4:30 pm: Training

6:00 pm to ~ : Dinner and Socializing

Sunday, April 18th:

8:00 am: Dojo Opens

9:00 am to 12 noon: Training

EKF General Membership Seminar

"Growing and Developing Together"

Instructor: Terry Pierce Sensei, 7th Dan

April 16th, 17th, and 18th, 2010

Elkton Ki Aikido
406D Spotswood Trail
Elkton, Va. 22827

Seminar Cost: Friday, Saturday, Sunday - **\$60.00**
Friday only - **\$20.00**
Saturday only - **\$40.00**
Sunday only - **\$20.00**

Saturday Lunch - **\$5.00**
Saturday Night Social - **\$10.00**

Discount for full time students: \$10.00 off of full seminar fee, \$5.00 off of per day fee.

RSVP: Please email bkk@elktonkiaikido.org

Places to Stay:

There is limited space available at the Kelley house (3163 Resort Drive, Elkton, Va 22927). If you are interested in staying there, email bkk@elktonkiaikido.org

For hotel/motel accommodations, Harrisonburg is the closest place (About 15 miles/20 to 25 minutes from the dojo.) that you will find any major chains. There are a few small motels located in Elkton, but I wouldn't recommend any of them.

If you have questions, contact:

Brian Kelley

540-421-4080 cell

bkk@elktonkiaikido.org

EKF General Membership Seminar

"Growing and Developing Together"

Instructor: Terry Pierce Sensei, 7th Dan

April 16th, 17th, and 18th, 2010

Elkton Ki Aikido
406D Spotswood Trail
Elkton, Va. 22827

Waiver and Release

I, _____, wish to participate in Aikido training offered by the Eastern Ki Federation (EKF) and Elkton Ki-Aikido. In consideration: I acknowledge Aikido is a martial art and contact physical activity involving throwing and/or restraining techniques practiced through application of force and/or leverage to various parts of the body, including, but not limited to, the joints. Practicing these techniques involves falling or rolling with varying degrees of force or momentum. I acknowledge that, while every effort will be made to provide a safe training environment, and while risk of serious injury is minimal, there nonetheless remains a possibility of serious physical injury, long or short term disability resulting from such training or practice. Notwithstanding, I choose to participate and assume all risks to person or property possibly associated with the stated and associated activities.

Specifically, for myself, my heirs, administrators, personal representatives or assigns, I release, remise and discharge Elkton Ki-Aikido and the Eastern Ki Federation, its instructors (individually or in association with other instructors or groups) and any and all sponsors, facilitators, or owners of premises, activities, or equipment, their respective agents, servants, officers and officials, and all other participants in the activity of and from all claims, demands, actions and causes of action of any sort, for injuries to my person or property during my presence at, or participation in, the stated activities due to negligence or any other fault.

I understand neither Elkton Ki-Aikido nor any associates of Elkton Ki-Aikido are liable for the action or actions of any individual participant or spectator.

I am eighteen (18) years of age or, if under age 18, have the permission of my parent or guardian to participate in this activity and certify that they have full knowledge of all details.

I have read and understand this Waiver and Release.

Name (Please Print)

Signature

Date

Name (Parent or Guardian if under 18 years of age. Please Print.)

Signature

Date