

# American Jujitsu Institute

## Seifukujutsu Class – Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Affiliation:     AJI or    

(Circle AJI or write in you affiliation)

Dojo: \_\_\_\_\_ Rank: \_\_\_\_\_

**COST:** (Check One)

\_\_\_\_\_ \$300.00

\_\_\_\_\_ \$400.00 – Includes our Complete Course 3 DVD Set with  
Workbook.

**Dates:**      **Nov. 3<sup>rd</sup>, 2015**      **Registration Only**  
                 **Nov. 4-6, 2015**      **9:00AM to 4:00 PM Daily**  
                 **Nov. 7<sup>th</sup>, 2015**      **Dinner Get-Together (If not held on Nov. 6<sup>th</sup>.)**

**Location:**

St. John Vianney Church  
Kailua DOJO  
940 Keolu Dr  
Kailua, HI 96734

### Waiver of Liability

I certify that I am medically and physically able to participate in this activity. I have been made aware of the potential hazards involved in self-defense, massage and all self defense training and competition. Knowing the potential hazards involved and in consideration of my application being accepted, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, waive, release and discharge the American Jujitsu Institute, it's instructors, the City and County of Honolulu, the State of Hawaii. St. John Vianney's and anyone acting on their behalf, from any and all claims of liability for personal injury or death arising out of, or in the course of participating in this activity. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Amount Submitted:** \_\_\_\_\_

Mail to:                    **AJI**  
                                 c/o Daniel Saragosa  
                                 1779 Koikoi St.  
                                 Wahiawa, Hi 96786

**Contact Number : (808) 224-1142**