



# Minnesota WAAI Fall Aikido Seminar

October 15<sup>th</sup> & 16<sup>th</sup>, 2016

*Featuring*  
**Rev. Zenko N. Okimura**  
**7th dan Shihan**

**Chief Instructor, World Aikido Aikikai, Inc.**

Okimura Shihan began his Aikido study in 1963, and received his 1st Dan in 1968 from the Founder of Aikido, Morihei Ueshiba. He has also served as a deshi at Hombu Dojo in Tokyo, Japan under Doshu Kisshomaru Ueshiba and has led Aikido instruction in Japan, Hawaii, and Europe as well as throughout the United States. Okimura Shihan is also a Shingon Buddhist priest and served under Bishop Eisho Okimura after attaining priesthood at Mt. Koya Monastery in Wakayama, Japan.



**All classes at Shuharikan Dojo, 265 West 7th St. (3rd Floor), St. Paul, MN 55102**

## Saturday, Oct. 15<sup>th</sup>

Registration	8:15 am
Class (Adults & kids)	9 am
Class	10:15 am
Lunch	Noon
Class	2 pm
Class	3:15 pm
Testing	4:30 pm
Pot Luck	7:30 pm

## Sunday, Oct. 16<sup>th</sup>

Class	9 am
Class	10:30 am
Seminar ends	Noon

### Seminar Fees

Both days	\$80
Saturday	\$65
Sunday	\$50

\*Please bring your own weapons

Contact Eric Buchanan with questions at 320-589-1686 or [info@prairiewindsaikido.com](mailto:info@prairiewindsaikido.com).

See attached pages for directions, registration forms, and release forms.  
Registration forms also available at <http://prairiewindsaikido.com>

# Seminar Locations

## **Shuharikan Dojo**

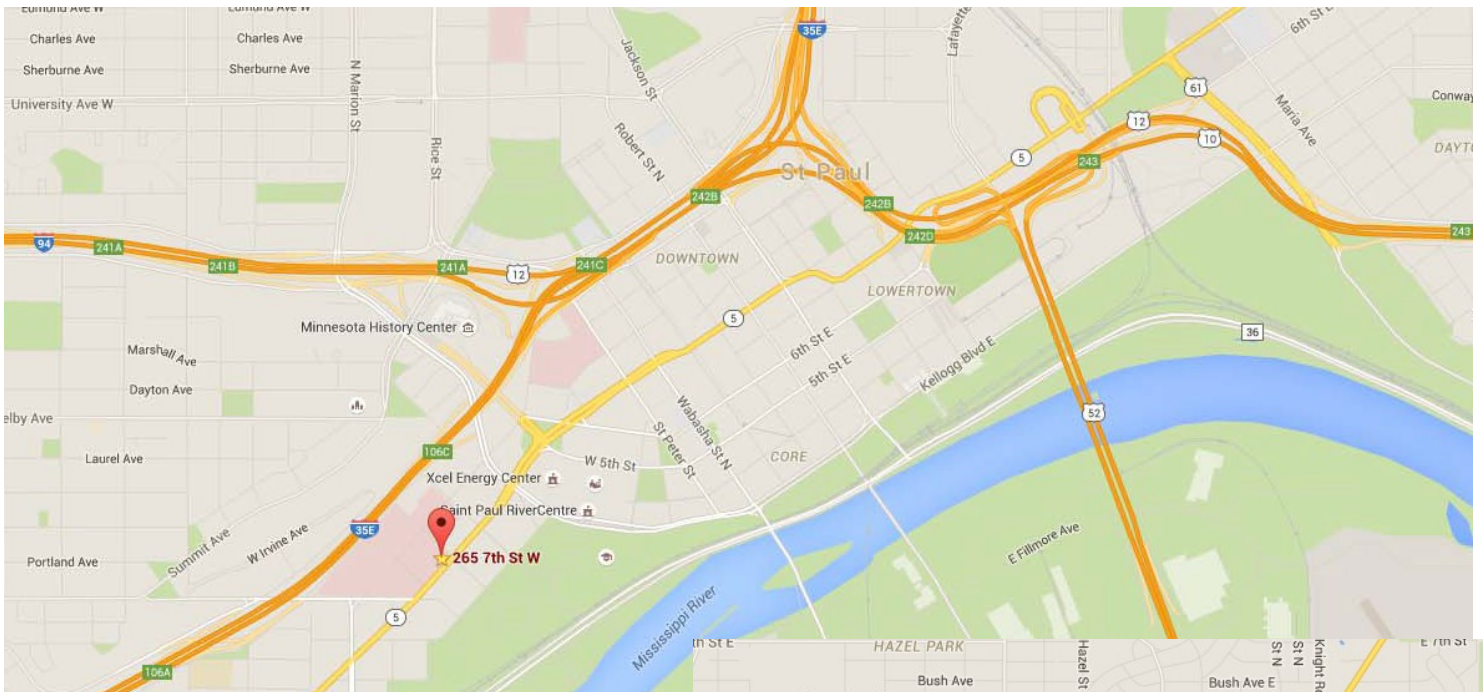
265 West 7th St., 3<sup>rd</sup> Floor  
St. Paul, MN 55102

[http://www.shuharikan.net/Shuharikan\\_Saint\\_Paul/Home.html](http://www.shuharikan.net/Shuharikan_Saint_Paul/Home.html)

The Shuharikan Dojo is on the 3rd floor of the building that houses John's Antiques, located on the southwest corner of W 7th St and Walnut St N in Saint Paul. Enter the building on the Walnut St side.

Hourly parking is available in the Blue and Gold parking ramps to the west of the dojo and across the street from United Hospital. The entrances to these ramps are on Smith Ave. Parking rates can be found: <http://www.allinahealth.org/ahs/united.nsf/page/visitingus#parking>

Street parking near the dojo generally has a 2 hour time limit. If you are up for a walk, you can drive further south on W 7th St and find street parking that is unlimited.



## Lodging:

### **Holiday Inn St. Paul East**

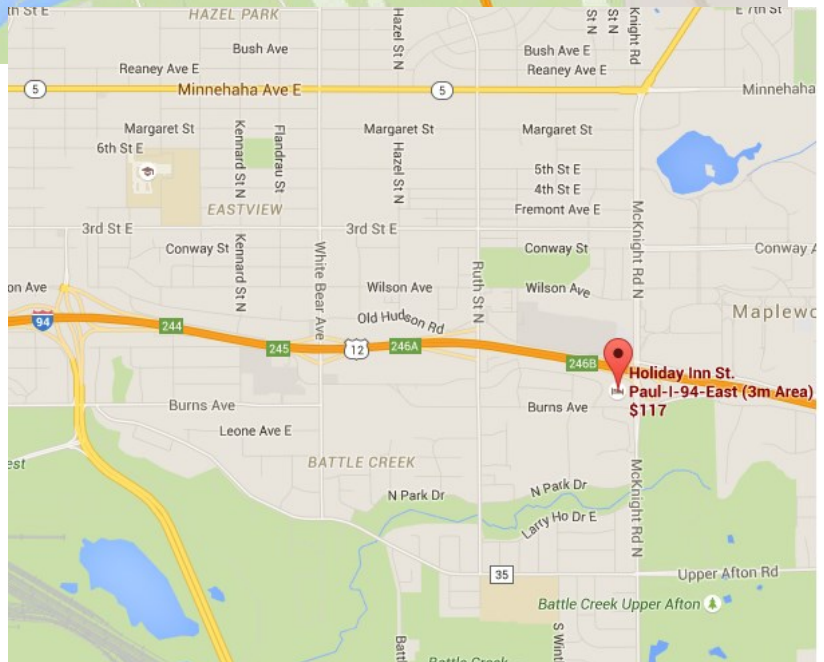
2201 Burns Ave.  
St. Paul, Minnesota 55119  
(651)731-2220

#### **Directions:**

Interstate 94 East to Exit 246B for McKnight Rd. Go right on McKnight Rd (south), at Burns Avenue take a right (west). Hotel is on the right. Hotel is 13 miles from the airport. Shuttle is available to the dojo (must sign up at desk).

A block of rooms will be available until October 1<sup>st</sup>. Ask for the WAAI Aikido Seminar rate (\$115).

Discounted rate is also available on line. Go to <http://www.holidayinn.com/hotels/us/en/st.-paul/mspea/hoteldetail>. Enter dates, click on group code and enter WAI.



## Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Dojo/Rank \_\_\_\_\_

Days attending: Saturday    Sunday    Both (circle one)

### Seminar Fees

Both days \_\_\_\_\_                      \$80

One day \_\_\_\_\_                         \$50

Donation \_\_\_\_\_                      Minnesota WAAI dojos would like to bring Okimura Shihan to the Twin Cities area every year. If this is also your desire and you are able, any donation you make will be placed in a special seminar account and will be wholly used to support future seminars. — Thank you!

Total \_\_\_\_\_

Please make checks payable to: **Prairie Winds Aikido**

Let us know if you plan to attend so that we can notify you of any changes.

**Send registrations to Eric Buchanan at 3 Circle Pines Ave, Morris, MN 56267** or [info@prairiewindsaikido.com](mailto:info@prairiewindsaikido.com) . Registration can also be done at the seminar.

Call or email if you have any questions, (320)589-1686.

For Office use only:	<input type="checkbox"/> Cash	<input type="checkbox"/> Check #: _____	Receipt #: _____
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# Minnesota WAAI Seminar

## General Release

**BECAUSE PARTICIPATION IN AIKIDO CLASSES MAY BE DANGEROUS, WE REQUIRE ALL PARTICIPANTS TO ASSUME ALL RISK BY SIGNING THIS GENERAL RELEASE.**

The Undersigned, for himself or herself and personal representatives, assigns, heirs and next of kin or any of them:

1. Hereby Releases, Waives, Discharges and Covenants Not To Sue Prairie Winds Aikido, Grand Marais Aikikai, Aikido NW Minnesota, Aikido of Minnesota or Shuharikan and/or each of its instructors or officers, employees and agents all for purpose herein referred to as Releasees, from liability to the Undersigned, his/her personal representatives, assigns, heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to the person or property or resulting in death of the Undersigned, whether caused by the negligence of Releasees or otherwise while the Undersigned is upon the premises of Aikido of Minnesota or Shuharikan herein referred to as Seminar Dojos, and/or a participant in seminar classes, workouts, or events, and
2. Hereby Agrees To Indemnify And Save And Hold Harmless the Releasees and each of them from any loss, liability, damage, or cost they may incur (1) due to the presence of any action of the Undersigned in or about Seminar Dojos and/or (2) due to participation in classes or workouts whether caused by the negligence of the Releasees or otherwise.

The Undersigned expressly agrees that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the Law of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The Undersigned warrants the following statements are true and correct and understands that the Releasees have relied on them in entering into the foregoing Release, Waiver and Indemnity Agreement and in giving the Undersigned permission to enter the premises of the Seminar Dojos and to participate in aikido classes and events:

1. No oral representations, statements or inducements apart from this written agreement have been made.
2. The Undersigned individually is fully aware of the risks and hazards inherent in entering upon the premises of the Seminar Dojos or in participating in any events or classes held in or upon the premises of the Seminar Dojos and hereby acts voluntarily to enter upon said premises, knowing the present condition and knowing that said condition may become more hazardous and dangerous during the time that the Undersigned is upon said premises. The Undersigned is fully aware that martial arts and all activities associated with participation in aikido classes and workouts (which of necessity may include rigorous physical exertion, bodily contact, throws, pins, and takedowns) is a calculated risk activity, and contains inherent risks and dangers (including serious injury or death), that no amount of care, caution, instruction, or expertise can eliminate. The participant knows and understands the scope, nature and extent of the risks involved in the activities contemplated by this agreement. The Undersigned individually hereby voluntarily assumes all risks of loss, damage, or injury that may be sustained while in or upon the premises of the Seminar Dojos or as a participant in aikido classes and workouts.
3. That the Undersigned participant gives consent to whatever medical care might be provided or available on the premises and further agrees to conform and comply with all the rules and regulations of the Seminar Dojos .
4. THE UNDERSIGNED PARTICIPANT OR HIS OR HER LEGAL REPRESENTATIVE OR GUARDIAN HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT.

### **PARTICIPATION IN AIKIDO CLASSES AND WORKOUTS MAY BE DANGEROUS.**

BY SIGNING THIS DOCUMENT YOU CERTIFY THAT YOU ARE OVER 18 YEARS OF AGE AND THAT YOU UNDERSTAND ITS CONTENTS.

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

OR, IF YOU ARE UNDER 18 YEARS OF AGE YOU WILL NEED THE SIGNATURE OF YOUR PARENT OR LEGAL GUARDIAN.

PARENT'S OR LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_