

8<sup>th</sup> Annual Kenshokan Iaido  
**Peterborough Koryu Seminar (MJER)**  
 Saturday, October 26<sup>th</sup> & Sunday, October 27<sup>th</sup>, 2019

Instructors:

Ohmi-sensei (Kyoshi, 7D), Taylor-sensei (Renshi, 7D), Galligan-sensei (Renshi, 6D)

Saturday, October 26 (9:00-5:00)

Location: The Village on Argyle (gymnasium) 780 Argyle St., Peterborough, ON K9H 5S9

Sunday, October 27 (9:00-5:00)

Location: Peterborough MultiSport Club. 275 Rink St., Unit #14, Peterborough, ON K9J 2K1

**Personal Information** (please print):

Last Name	First Name	Initial
Address		City
Phone	E-mail	
Rank	Dojo	

**Seminar Information:**

Sat: \$40.00	Sun: \$40.00	Yes:	No:	Total Included	* Snacks and water will be provided. * <u>Lunch is not provided</u> but can be purchased on both days, or you may make your own arrangements.
Days of Participation (check appropriate days)		Saturday Dinner at Local Restaurant (check appropriate box)		\$  _____	

Completed registrations and payment\* can be sent electronically or be sent by mail to the following address:

**Jim Wilson**  
**518 Cardinal Dr.**  
**Peterborough, ON**  
**K9L 1X8**

\*American residents, please bring funds in Canadian money when arriving at the seminar.

\*Cheques are to be made payable to Jim Wilson.

\*Interac transfers may be sent to [jimwilson@cogeco.ca](mailto:jimwilson@cogeco.ca)

Further information will be made available to registrants after receipt of registration. Details can also be found at [www.kenshokan.ca](http://www.kenshokan.ca). E-mail: [kenshokan@cogeco.ca](mailto:kenshokan@cogeco.ca)

(Please complete waiver, overleaf.)

# Waiver

I hereby make application to participate in the martial arts event described above, and I agree to abide by the rules and regulations set by the Kenshokan Dojo in connection with the event. I hereby release 780 Argyle Investment Company Inc., the Peterborough MultiSport Club, the Canadian Kendo Federation, the Kenshokan Dojo, its directors, officers, employees, instructors, members, volunteers, and invitees and licensees from any and all claims, demands, actions, causes of action, or any other liability or obligation whatsoever arising out of or in connection with my participation in the above described martial arts event, whether relating to personal injury or damage to, or loss of, property or otherwise, whether going to or away from or at or in the premises or elsewhere, and whether in contract or in tort.

I understand that images/video of me taken at the seminar may appear in various formats available to the public.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If under the age of 18 years, the parent or guardian of the applicant must consent to this application by signing below.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*Confidential

<b>Emergency Contact:</b>			<b>  Relationship:</b>
Home Phone #	Work Phone #	Mobile Phone #	Email:
Medications and Allergies:			
Epi-Pen User? Y N If yes, where is the Epi-Pen stored? _____			
Previous Injuries:			
Current Medical Conditions and Supports (heart condition, epilepsy, braces, etc.)			