

**Shuurin Dojo
Friendship Seminar 2018**

**Please join us in celebrating Aikido in the Mid-West
All members regardless of rank or affiliation are invited**

**Saturday June 23, 2018
Testing Sunday June 24, 2018**

**Classes will be held at Shuurin Dojo
14121 S Street
Omaha, Nebraska 68137
www.shuurindojo.com**

**\$40 For the entire day
\$10 each class**

Guest Instructors:

Sensei Lloyd McWhirt – Shuurin Dojo

Sensei Claudia Brown-Jackman – Shuurin Dojo

Sensei Tristan Chermack – Spirit Aikido

Sensei Todd Campbell – Sarpy Aikido

Sensei Todd Dodson – Platte City Aikikai

Please contact with any questions

Sensei Lloyd McWhirt
(402) 630-8592
lloyd@shuurindojo.com

Claudia Brown
(402) 630-3169
Claudia@defenseproject88.com

www.shuurindojo.com

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Shuurin Dojo Friendship Seminar 2018

SCHEDULE:

Saturday June 23, 2018

<<First Session>>

9:45 - Announcements and warm-up

10:00 - 10:50: Sensei Claudia Brown-Jackman

11:00 - 11:50: Sensei Todd Campbell

11:50 - 1:00 Lunch Break

<<Second Session>>

1:00 - 1:50: Sensei Tristan Chermack

2:00 - 2:50: Sensei Todd Dodson

3:00 - 3:50: Sensei Lloyd McWhirt

Sunday June 24, 2018

10:00 Yudansha Testing

Please contact with any questions

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(402) 630-8592

lloyd@shuurindojo.com

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**Shuurin Dojo
Friendship Seminar 2018**

Name: _____

Address: _____

Phone: _____

Email: _____

Dojo: _____

\$40 _____ Saturday

\$10 _____ Per Class

TOTAL: _____

Please make checks payable to: Shuurin Dojo LLC.

**Shuurin Dojo
Friendship Seminar 2018**

Welcome reception at Lloyd and Kirsten's
Friday June 22nd @ 6:30 PM
15613 Westchester Circle

Number attending: _____

Dinner at Sgt Pepper's
Saturday June 23rd @ 6:30 PM
13760 Millard Ave.
Millard, NE 68137
402.932.6211

Number attending: _____

Pot Luck at Shuurin Dojo
Sunday June 24th at 6 PM

Number attending: _____

AS A STUDENT
IN THE
SHUURIN DOJO LLC

Please print

Name: _____

Date: _____

If junior member.

Parent's / Guardian's name: _____

WAIVER OF DAMAGE CLAIMS

I understand that in all martial arts training there is the danger of possible bodily injury, and I participate in training voluntarily assuming that risk. In consideration for the instruction which I receive at Shuurin Dojo LLC, I agree that in the event of my sustaining any injury which may result from participation in club activities, I will not bring suit against Shuurin Dojo LLC, its employees, instructors, members, guests or the venue to which the class is being held. I further release its owners and instructors from any and all acts of negligence.

Signature of Applicant: _____

(In case of applicant who is a minor, the undersigned parent or guardian waves and releases all claims of behalf of applicant.)

Signature of Parent or
Guardian of
Applicant: _____

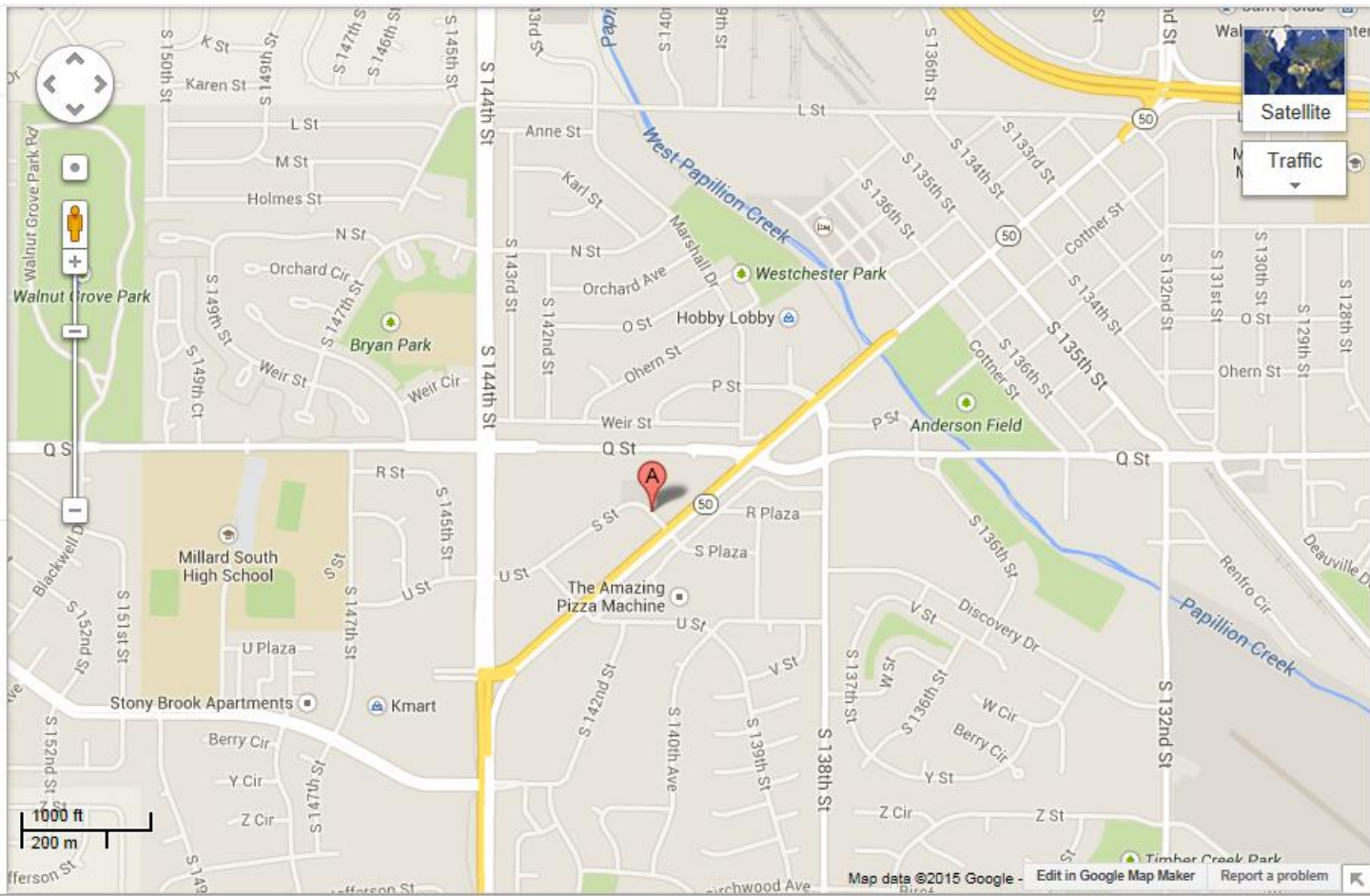
In case of Emergency, list name and phone number of person to call.

Name; _____

Phone: _____

List any physical restrictions below. If none, write "none".

Map and Directions



14121 S Street Omaha, Ne 68137

We are located just off Millard Ave, across the street from The Amazing Pizza Machine.

We are right next to the Arby's

