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

Saturday November 13, 2021



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

> \$50 For the entire day \$25 Half Day



Instructions by Sensei Lloyd McWhirt, Sensei Todd Dodson, Sensei Tristan Chermack, and others.

We sincerely hope you will be able to attend.

Please contact with any questions

Sensei Lloyd McWhirt (402) 630-8592 <u>lloyd@shuurindojo.com</u>

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

www.shuurindojo.com

SCHEDULE:

Friday November 12, 2021 6:00 pm - Meet and Greet at the Dojo

Saturday November 13, 2021

10:00 am - 1:00 pm Aikido Practice

1:30 pm – Yudansha Testing

2:30 pm – 4:00 pm Aikido Practice

6:30 pm Dinner/Drinks at Jams – Legacy Plaza 17070 Wright Plaza, Suite 100 Omaha, NE 68130 402-810-9600

Please contact with any questions

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www.shuurindojo.com

Name:	
Address:	1 / /
Phone:	1/
Email:	
Dojo:	
\$50 All Day Saturday \$25 Half Day	
TOTAL:	

Please make checks payable to: Shuurin Dojo LLC.

Friday November 12, 2021 6:00 PM

Meet and Greet at Shuurin Dojo

Number attending: ____

Saturday November 13, 2021 6:30 pm Dinner at Jams – Legacy Plaza 17070 Wright Plaza, Suite 100 Omaha, NE 68130 402-810-9600

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:_____

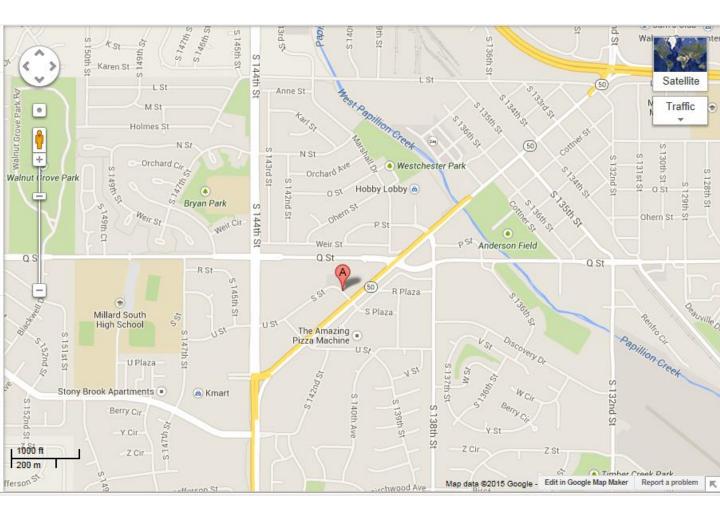
In case of Emergency, list name and phone number of person to call.

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

