

**Shuurin Dojo
Fall Seminar 2024**

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

Saturday September 21, 2024

**The event will be held at Shuurin
Dojo**

**14121 S Street
Omaha, Nebraska 68137
www.shuurindojo.com**

**\$40 For the entire day
\$25 Half Day**

We sincerely hope you will be able to attend.

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 Fall Seminar 2024

SCHEDULE:

Saturday September 21, 2024

10:00 – 10:50 Session One – Sensei Todd Dodson

11:00 – 11:50 Session Two – Sensei Jaime Obrecht

Noon – 1:00 Break

1:00 – 2:00 Yudansha testing

2:00 – 2:50 Session Three – Sensei Claudia

3:00 – 4:00 Session Four – Sensei Lloyd

6:00 PM Dinner/Drinks at - TBD

Please contact with any questions

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**Shuurin Dojo
Fall Seminar 2024**

Name: _____

Address: _____

Phone: _____

Email: _____

Dojo: _____

\$40 _____ All Day Saturday

\$25 _____ Half Day

TOTAL: _____

Saturday August 6, 2022

6:00 PM Dinner/Drinks at – TBD

Number attending: _____

Please make checks payable to: Shuurin Dojo LLC.

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: _____

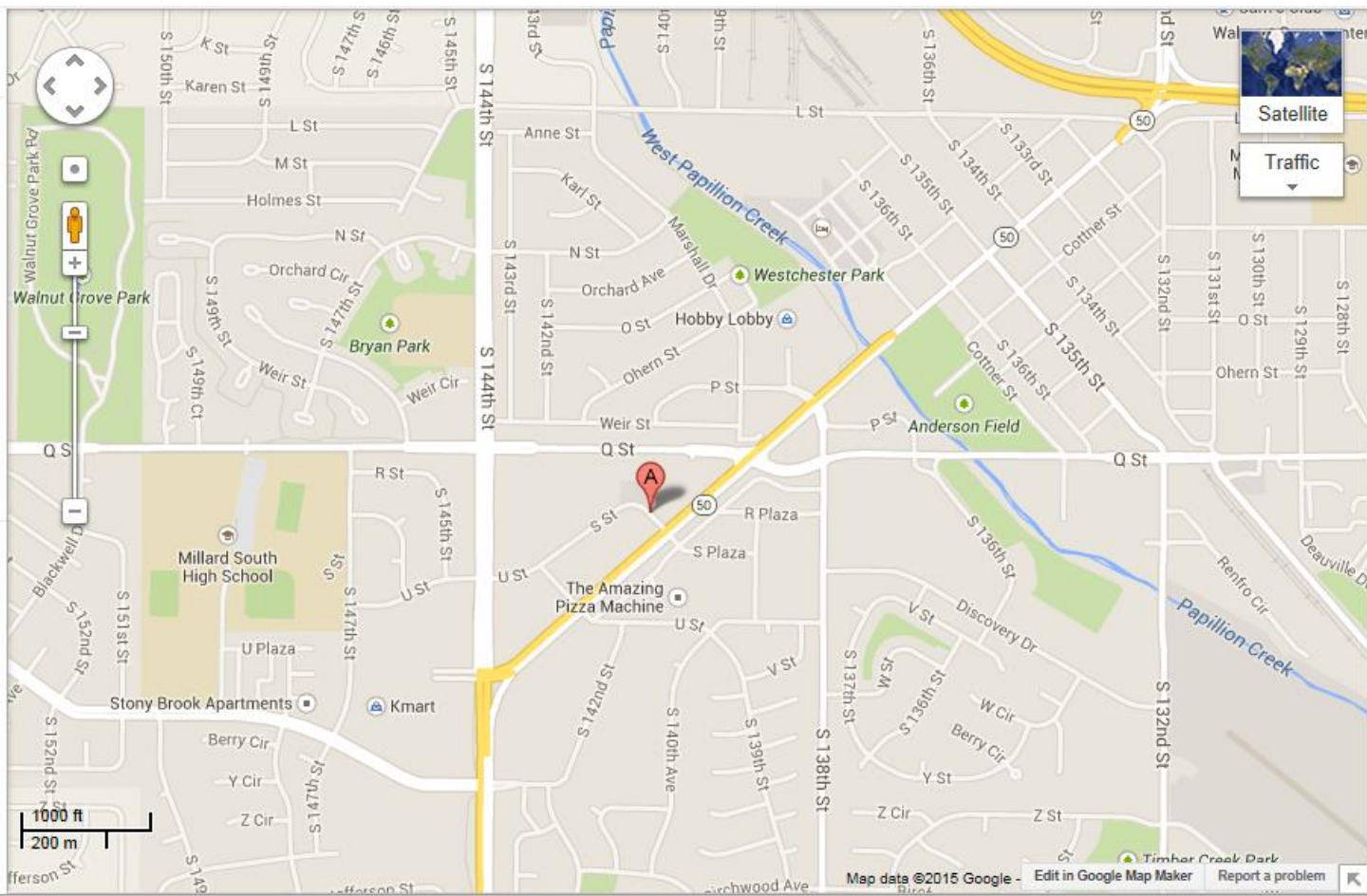
In case of Emergency, list name and phone number of person to call.

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

