

合気道 Seminar



June | 27 - 29 | 2008

The AAA is proud to announce a seminar at Ryoshinkan dojo this June. The training is open to students of any martial art or rank, organization or dojo. Aikido instruction will be provided by Dr. Frank Gallo Ph.D, is the Director of Research and Development, and Defensive Tactics Training for Law Enforcement Press. He is a retired law enforcement officer from the Cranston, RI Police Department. His police role has included firearms and defensive tactics coordinator, Community Policing Unit, Detective Division, Patrol Division, and Special Reaction Team. He has trained in special tactics and weapons, high threat warrant services, and V.I.P. protection and security.

Gallo Sensei is the rank of Yondan and an AAA Teaching Committee Member. He is a recognized Police Force Expert, Legal Psychologist, and Assistant Professor of Criminal Justice at Western New England College, a published author on topics of police force, profiling, and decision-making. Rhode Island Law Enforcement Trainers Association recognized Gallo Sensei as the 2004 Police Trainer of the Year. He consults with many Rhode Island law enforcement agencies on issues of police force and accountability.

Ryoshinkan Dojo
37 EAST NORTHWEST HIGHWAY
PALATINE, IL 60074

Dojo Cho: Tim Spies
Contact Info: Dojo 847.358.1530
email: aikidoamer@gmail.com

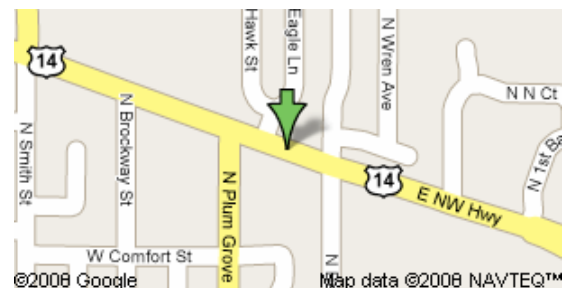
aikido association | AMERICA



合気道

Seminar Schedule

- Entire Seminar: \$95
- Friday: 6:00 - 9:00 pm [\$45]
- Saturday: 10:00 am - 1:00 pm
& 3:00 - 6:00 pm [\$65]
- Sunday: 10:00 am - 1:00 pm [\$45]



**Registration Form
Summer Camp
June | 27 - 29 | 2008**

I would like to register for the seminar. Please find enclosed my check or money order (made payable to "Aikido Association of America") in the amount of:

\$95 Entire Seminar \$45 Friday \$65 Saturday \$45 Sunday

NAME: _____ TODAY'S DATE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE (H): _____ PHONE (W): _____

FAX: _____ E-MAIL: _____

MARTIAL ART (circle one): AIKIDO OTHER: _____

NAME OF DOJO: _____ RANK: _____

PAYMENT METHOD:

Check enclosed _____ (Please make payable to "Aikido Association of America")

Credit Card () Visa () Master Card ()

Number: _____ exp: _____

Cash (accepted at-the-door only): _____

Please mail registration to: **AAA Headquarters 1016 West Belmont Ave. Chicago, IL 60657**

Please fax registration to: **773.525.5916**

**Release of Liability
[Please read before you sign]**

For and in consideration of the permission of the Aikido Association of America, hereinafter called the Association, to use its facilities and of the execution by others of agreements similar hereto, the undersigned hereby agrees that while upon the premises of the Association or while using its facilities or equipment, whether at the Association or at any other location for the purpose of practice or of demonstration, said premises, facilities, and equipment shall be occupied and used at the sole risk and responsibility of the undersigned, and the undersigned hereby releases the Association from any and all claims of personal injury, damage, or loss of any kind or description resulting from being thereon or from such use or from the acts any persons thereon. The undersigned further agrees indemnify and hold harmless the Association and each of its instructors, teachers, officers, directors and members from or against any and all claims made or instituted against it or them arising out of the acts of the undersigned while upon the premises of the Association or while using any of its facilities or equipment, whether at the association or at any other location for the purpose of practice or demonstration, including injury or loss to the undersigned however caused and injury or loss caused by the undersigned to any other person. I certify by my signature that I have read and understand this agreement in its entirety and all my questions regarding it have been fully answered. I understand that the Association documents activities and events involving classes and instruction. I give the Association permission to use any documentation, such as video taping, photography, or film, in which my image is taken in whatever way the Association wishes. I understand that the Association is the sole owner of this documentation.

Signed: _____

Signed: _____
(parent or guardian if participant is under 18)