



# ***AAKF Spring Seminar***



**Join us April 12 to 14, 2024, for learning and excelling**

**Sessions:** Friday 6 pm - 9 pm, Saturday 9 am - 12:15 pm and 1:45 pm - 5 pm, Sunday 8:30 - 11:30

**Cost:** Adults: 1 session - \$55, 1 day - \$75, all sessions: \$110  
Youth/student: \$30 / \$50 / \$80

**Location:** Luehring Gym, West High School, 30 Ash Street, Madison, WI 53726

**RSVP:** <https://aakfgreatlakes.com/2024seminar.html>





## 2024 AAKF Spring Seminar, April 12-14, Madison, WI

Hosted by the AAKF Great Lakes Region and the Madison Japanese Karate Club

- Seminar Title** Development of effective techniques through kihon, kata and kumite.
- Location** Luehring Gym, West High School, 30 Ash Street, Madison, WI 53726
- Instructors** **AAKF Technical Committee**
- Sessions** **Friday, April 12:** 6 pm - 9 pm Kihon and kata  
**Saturday, April 13:** 9:00 am - 12:15 pm Kihon and kumite, 1:45 pm - 5 pm Advanced kata (Jion) and kumite  
**Sunday, April 14:** 8:30 am - 11:30 am Advanced kata (Jion) and kumite
- Examinations** Brown belt and Shodan/Nidan ranking will be conducted from 5:00 to 6:00 pm on Saturday, April 13.  
**Note:** Examination fees are according to the AAKF fee schedule, and they are in addition to any participation fees.
- Hotel information** [AmericInn by Wyndham Madison West, 516 Grand Canyon Drive, Madison, Wisconsin 53719](#) (guaranteed rate: \$84/night until March 31, need to call must call +1-608-662-1990 to get the guaranteed rate for the AAKF Spring Seminar)  
[Springhill Suites by Marriott at 4601 Frey St., Madison, WI, 53705](#) (\$169, until 3/31)  
Additional hotels with special rates (not guaranteed) can be checked [online](#)
- Participation Fees** **For current (2024) AAKF Members:**  
**Adults (18 and older):**  
\$110 for the whole seminar, \$75 per day, \$55 per session  
**Youths (17 and younger) and full-time students:**  
\$80 for the whole seminar, \$50 per day, \$30 per session.  
**Late registrations** (received after Apr 10, 2024):  
\$130 for the whole seminar, \$100 per day, \$80 per session, no youth/student discount.  
**For non-AAKF Members:**  
Additional \$40 to the fees listed above
- Method of Payment** Please [register and pay online](#), or mail checks or money orders, payable to the AAKF Great Lakes Region, together with the waiver/registration form to:  
**AAKF Great Lakes Region**  
**c/o Vassil Peytchev**  
**2914 Interlaken Pass**  
**Madison, WI 53719**
- Contact Information** Vassil Peytchev  
608-301-5164  
[vassil@aakfgreatlakes.com](mailto:vassil@aakfgreatlakes.com)



# 2024 AAKF Spring Seminar, April 12-14, Madison, WI WAIVER AND REGISTRATION FORM

## Release of liability for all risks of bodily injury, death, or damages

I, the undersigned, do hereby voluntarily submit my application for attendance and participation in the AAKF 2024 Spring Seminar on April 12 to 14, hosted by the AAKF Great Lakes Region and the Madison Japanese Karate Club.

I hereby waive all claims against the UW-Madison Japanese Karate Club, UW-Madison, The Board of Regents of the University of Wisconsin System, its officers, agents and employees, the officers and members of the AAKF Great Lakes Region, Inc., the Madison Metropolitan School District, the management, promoters, instructors, students and volunteers, individually or otherwise, for any injuries, damages, losses or death that I may sustain.

I understand that the event mentioned above, by its very nature, includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and illnesses. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system, and exposure to infectious disease. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as sprains, strains, cramps, etc. to 2) major injuries and illnesses such as contusions, broken bones, respiratory and circulatory/cardiovascular complications, joint damages, other musculoskeletal damages and injuries, and severe illness, to 3) catastrophic injuries and illnesses including paralysis and death. I understand that the organizers have advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and I knowingly assume all such risks. I assume full responsibility for any and all damages, injuries and/or losses that I may sustain or incur while attending, participating, or while traveling to and from the above event.

I authorize the organizers and their designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

I further consent that my pictures furnished by me or any pictures or video taken of me in connection with the above event can be used for publicity, promotion, television, and commercial use, and I waive compensation in regard thereto.

_____	_____	_____
NAME - print first and last name of participant	Date	Signature
_____	_____	_____
Participant email		Participant phone
_____	_____	_____
Emergency Contact Name		Contact phone

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ AAKF Member  Number: \_\_\_\_\_ US Team member

Rank: \_\_\_\_\_ Dojo: \_\_\_\_\_ State: \_\_\_\_\_ Student:

Sessions attending:      Friday 5 - 7       Saturday 9:00 - 12:15       Saturday 1:45 - 5:00   
Sunday 8:30 - 11:30       Planning to take a rank exam (brown through nidan)

Seminar Fee: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Check Number: \_\_\_\_\_

### If the participant is younger than 18 years of age, a parent or a guardian must sign below:

_____	_____	_____
Print first and last name of parent or guardian	Date	Signature