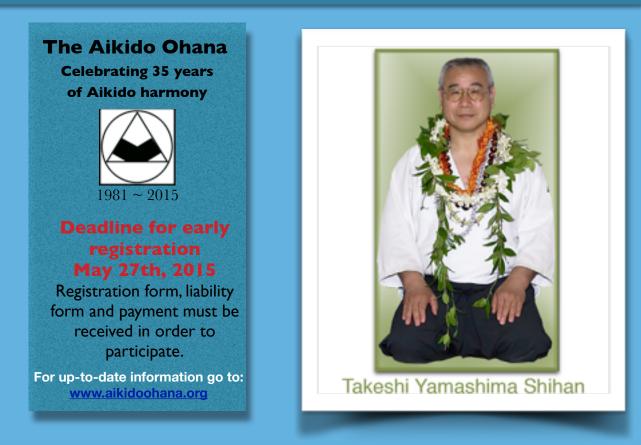
The Aikido Ohana 35th Gasshuku Ho'omaluhia Botanical Gardens June 12th ~ 14th, 2015

The Aikido Ohana is happy to announce its 35th Annual Summer Gasshuku. Bring your camping gear or drive in each day. Enjoy the great company, keiko and ono meals.



The Aikido Ohana is honored once again to have our good friend and great instructor of the Chiyoda-ku Aikikai, Minami Tanaka Dojo and the Nerima Aikido Rengokai Dojo, **Takeshi Yamashima**, as our special instructor.



TAO Camp 2015_vNM4¹

Ho'omaluhia Botanical Gardens: http://www.co.honolulu.hi.us/parks/hbg/hmbg.htm Visitor Center (808) 233-7323 * Open 9am ~4pm

<u>Directions</u>: Take the Pali Highway from Honolulu to the Kamehameha Highway. Go north on Kamehameha Highway toward Kaneohe.

Before reaching Likelike Highway, turn left on Luluku Road and follow the signs to the Botanical Garden.

The camp is held in the Kahua Nui Pavilion area, the last campsite after the visitor center.

* Campers please stop at the visitor center on the way in for a car pass.

Gate times: The gate is open: 9:00 a.m. to 4:00 p.m. Closed at 4:00 p.m. Gate opening time: 5:30pm ~ 6:30pm *Entry for pass holders only Exit ONLY: 9:00pm ~ 9:15pm.

Contact:

Ric Noyle: 721-4180 ric@ricnoyle.com

Friday: June 12th

Camp set-up starting 9:00am...... Meet at Kahua Nui Pavilion **Practice: 5:45 pm ~ 7:00 pm....Yamashima Sensei** Followed by dinner with the Mighty WhamBam Chef Cal and his team

Saturday: June 13th

Practice: 6:30 am - 7:30 am.....Nagahisa Sensei Breakfast 8:00am

Practice: 9:30 am - 10:30 am....Yamashima Sensei Practice: 10:45 am~ 11:45 pm...Guest instructor Followed by Lunch: Noon

Practice: 2:00pm ~ 3:00pm....Guest instructor Practice: 3:15pm ~ 4:15pm....Yamashima Sensei Followed by dinner with Iron Chef Roger Siu Lung Kwok: 6pm

Sunday: June 14th

Practice: 6:30 am - 7:30 am.....Nagahisa Sensei Breakfast: 8:00am Practice: 9:30am ~ 10:30 am....Yamashima Sensei

Camp clean up. Everyone's kokua is appreciated. *Camp meals are included with registration. Practice times subject to change.*

TAO Camp 2015_vNM4

Contact Name:		Phone: ()				
Email:		Dojo Name:	Dojo Name:			
Registration	EARLY REGISTRATION SPECIAL: Through May 27th *\$150 includes a T-shirt	SORRY! NO WALK INS	AFTER JUNE 6TH Space available \$180			

F<u>amily plan:</u> Ist adult \$150, 2nd adult \$95, 1st kid (6-12 years old) \$35, 2nd kid \$25 Additional kids free. Adults are age 13 and older.

Camp fees include: Friday Dinner. Saturday Breakfast, Lunch & Dinner. Sunday Breakfast.						
Name:	Mark which days you plan to attend, to help our food count.	UNDER 13	JUNE 12TH	JUNE 13TH	JUNE 14TH	AMOUNT
						\$
						\$
						\$
						\$
						\$

		*Register by	\$15.00 - Youth: M	
	The	May 27th	\$20.00 - Adult: S	
	Aikido Ohana	for a free	M	
1 M	35th Anniversary	T shirt	Ľ	
	limited	*If available in	XL	
	edition		XXL	
	T-shirt	your size	Total T-shirts:	\$
Sectors as				

 Check number #_____
 Date:
 /
 / 2015
 TOTAL \$_____

Please make checks out to: **The Aikido Ohana and return with your liability forms.** Mail to: **The Aikido Ohana. PO Box 17422, Hon, HI. 96817**

I WOULD LIKE TO VOLUNTEER TO HELP:						
VES!	EARLY MORNING CAMP SET UP	BREAKFAST	LUNCH	DINNER	CAMP WRAP & BACKTO TAO	
I CAN KOKUA						
FRIDAY						
SATURDAY						
SUNDAY						

Please return one registration form per family, with one liability waiver per person.



RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK, AND INDEMNITY

I understand that, as a participant or the legal guardian of a participant, that the practice of any martial art, including those taught during Aikido classes, requires physical contact and that there is a possibility that injuries, including serious injuries and even death, may occur. I recognize that I am personally assuming all of the risk of such injuries, on my own behalf and/or on behalf of my child/children/ward(s). Furthermore, I release and fully indemnify The Aikido Ohana; Head Instructor Alan Nagahisa and the officers, directors, guest instructors, successors and/or assigns for any and all liability occurring by or through my participation, or the participation of my child/children/ward(s).

It is my intention to release and fully indemnify from all liability the organizers and all other participants in the The Aikido Ohana to the maximum extent allowed under the public policy of the State of Hawaii. If any portion of this release would be determined to be invalid as to any type of liability, it is my intention that the release and indemnification should continue and remain in effect as to any conduct, circumstances, or risks that may be properly released, indemnified, or assumed by me under the public policy of the State of Hawaii.

I have read the above waiver and release and agree to its conditions.

Name (Print):	Signature:			
Phone Number: ()	Date:/			2015
Signature of parent or guardian, if unde	r 18 years old:			
Parent or guardian's name (Print):		Re	lationship	
Medical insurance Coverage with:				
– Physician's Name:	Physician's Pl	hone: ()	
Special Health and Medical Concerns	(if any): None []			
Emergency Contact: #1 Name: Relationship	•)	-	
#2 Name: Relationship)		
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