

WINTER QUARTER 2012 REGISTRATION

Please **PRINT**. One registration per person. Form may be duplicated.

Annual membership

\$25 (9/2011~8/2012)

Quarterly registration

\$15 (Winter quarter only)

.....Please sign the **Nikkei Concerns Waiver** each quarter (see below).

Name: _____ Birth Date: M ____ / D ____ / Y ____ F M

Address: _____ City: _____ Zip: _____ New Student: Returning Student:

Day Phone: (____) _____ Eve. Phone: (____) _____ Cell. Phone: (____) _____ E-mail: _____

Class/Tour #	Class/Tour Title	Start Date	Session/ Time	Fees/ Tuition

Please make a check payable to: NIKKEI CONCERNS Mail a check with completed registration form to: NIKKEI HORIZONS 1601 E. Yesler Way, Seattle, WA 98122	\$25 Annual membership or \$15 Quarterly registration	\$ _____
Donations to help maintain programs are appreciated!	Donation to Nikkei Horizons	\$ _____
Total Check Enclosed		\$ _____

Please fill out and sign on this waiver and send with the registration form

NIKKEI CONCERNS WAIVER

I, the undersigned, am a voluntary participant in the Nikkei Horizons program of Nikkei Concerns and I accept full responsibility for such participation.

To the extent necessary, because of my health history and general physical condition, I have consulted my personal physician for advice and approval before participation and agree to obtain my own health or accident insurance to cover accidental injury or illness.

I recognize the risks of injury and illness involved in any physical activity including exercise, in the use of power equipment (e.g. electric or gas), sharp tools, chemicals or any other potentially hazardous material or equipment. I understand that responsibility is not assumed by the leaders, volunteers, sponsoring organization or facility. I specifically agree to hold harmless said leaders, volunteers, sponsoring organization, or facility housing this program from any damages I suffer for any injury or illness attributable to my participation.

By signing my name below, I acknowledge and accept the risk and responsibility for my health and safety and waive to the fullest extent allowable by law any claim I may have for illness or injury against the program, its sponsoring organization, employees or volunteers, and against the facility housing the program.

In addition, I hereby consent to the use of my name, my photograph and/or image by Nikkei Concerns for the purpose of marketing or fund-raising for Nikkei Horizons.

REFUNDS & CREDITS

Nikkei Horizons reserves the right to cancel any class, workshop or tour due to insufficient registration, cancellation of venue, or withdrawal of an instructor. In the event of cancellation, refunds or credits will be provided. Full **tuition credit** will be granted **up to the start of the second class** for withdrawal from an 8~10 weeks class or **a minimum of 10 days prior to the workshop** for withdrawal from a workshop with fees. Credit will not be granted after the second class except in the case of a medical emergency. In such cases, a copy of a doctor's order is required. Credits are valid for one year from the date issued. **Tuition refunds** for cancellations will be granted if notice is given to the Nikkei Horizons office **a minimum of 10 days prior to the tour date**, unless otherwise specified. Annual membership fee or quarterly registration fee will not be refunded or credited in any case.

Signature: _____ Date: _____ / _____ / _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

In the event of an accident or other medical emergency 911 will be called.