



KIATSU SEMINAR 2, 2025



REGISTRATION FORM

Dates: June 20,21 and 22, 2025

Where: The OKS Kiatsu School (just behind the Tigard Dojo), Portland OR

Who can attend? All active, registered, currently training adult OKS and NWKF students are welcome to attend

**** Due to class size maximums, we cannot accommodate day-of registrations and drop-ins****

Format: Friday evening: 5:00pm – 7:00pm, Saturday morning / afternoon / evening: 9:30am – 7:30pm,
Sunday morning / afternoon 9:30am – 4:30pm

Cost: **Ki-Kiatsu Class Students, New Students, and NWKF Students:** All Sessions: \$180 for all days*,
\$100* for Saturday or Friday/Sunday only

Kiatsu School Graduates, Senior Instructors, Dojo Instructors and Brown Belts Who Teach: \$120*

*USD Costs include lunch and dinner

Anyone not participating in meals can get \$5 per lunch, and \$10 per dinner, taken off their bill. We will no longer be providing vegan lunch items, for those on restricted diets. Please bring your own lunch for Saturday/Sunday.

Personal information

Name: _____
(last) (first)

Address: _____ City: _____ State: OR _____

Phone: _____ Age: _____ Dojo: _____

Email: _____

Emergency contact (spouse, relative, etc.)

Contact Name: _____

Address: _____ City: _____ State: _____

Phone Number: _____

Health and medical information

Does the above-named participant have any medical condition (physical, disabilities, allergies, medication to be taken, etc.) of which we should be aware?

Yes No If yes, please give details on back of this form.

Article of release from liability and assumption of risks

1.) I, _____, certify that I am in good health and have no physical defects which would endanger my health in participation and practice of Personal Kiatsu and/or Ki training.

2.) I release and discharge the Oregon Ki Society and its instructors from any and all liability whatsoever resulting from, or in any manner arising out of, any injury or damage that I and/or my property sustained due to my participation in the activity and/or transportation connected with the activity.

3.) I am legally competent to sign this release and application and I informed myself fully of its content prior to signing it.

Signed: _____

Date: _____

Details about medical conditions

If you select No under Health and Medical Information, please provide details in the blank below.