

# **Seminar on Spanish rapier play**

## **A weekend of study on the philosophy and Practice of the Mysterious Circle**

Instruction by Maestro Ramon Martinez

And

John Michael Greer

**May 12<sup>th</sup> and 13<sup>th</sup>, 2001**

**Ashland Middle School – Ashland, Oregon U.S.A.**

The Seminar will be held in Ashland Oregon, home of the Oregon Shakespeare festival.  
Class size is limited. Cost \$150.00 per person. Contact Jeff Richardson with questions at [jeffery@mind.net](mailto:jeffery@mind.net)  
Mail completed form to Jeff Richardson, 325 Schoolhouse Rd, Talent, OR 97540

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Seminar fee \$150.00 per person – minimum deposit \$75.00 with application, balance to be paid by April 21<sup>st</sup>, 2001

Make all checks payable to Jeff Richardson and write Spanish Circle Seminar in the notes.

Amount Enclosed \$ \_\_\_\_\_ Seminar space is limited – you will receive a letter of confirmation or a refund of your deposit. Once you receive a letter of confirmation you agree to pay the balance whether or not you show up for the seminar. If you wish to join the online discussion group send e-mail to [distreza-subscribe@egroups.com](mailto:distreza-subscribe@egroups.com)

Seminar is open to all skill levels – please let us know how much experience you have with renaissance rapier combat in the space below.

What is your experience with Sacred Geometry and the Hermetic Sciences and philosophies?

### **Agreement and Liability Waiver**

I, the undersigned, do hereby submit my application for attendance and participation in said rapier seminar. I fully understand that participation includes contact sparring and that this includes a high risk of injury. I hereby assume full responsibility for any and all damages, injuries, or losses to myself or my property that I may sustain or incur, if any, while attending or participating. I agree to hold harmless and waive my right to all claims against the promoters, instructors, sponsors, Jeff Richardson or Ashland School District #5 individually or otherwise. I fully understand that any medical treatment given to me in connection with the event will be of first aid only. I consent that any pictures taken, video or other, of me in connection with this event can be used for publicity, promotion, video sales and/or television showing, and I waive compensation in regard thereto. I understand that the promoter reserves the right to refuse acceptance of my application and return my deposit and that there shall be no refund of accepted applications and further that upon acceptance I am obligated to pay the balance of fees by 5/21/2001.

**I have read and fully understand the above waiver and agreement.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian if under 18 : \_\_\_\_\_ Date: \_\_\_\_\_