

# Labor Day Weekend Aikido Seminar

an International Opportunity



Aviv Goldsmith Sensei, 6<sup>th</sup> dan  
[Aikido in Fredericksburg, Virginia](#)



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Jorg Ollmann Sensei, 6<sup>th</sup> dan  
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Gabi Ollmann Sensei, 5<sup>th</sup> dan  
[Aikido-Frankfurt-Rodelheim, Germany](#)

**@ Aikido in Fredericksburg**

6155 Hickory Ridge Road \* Spotsylvania, VA (just off US1)

**Saturday, 31 August \* 9A – 1P**

Potluck Barbeque to follow

# Labor Day Weekend Aikido Seminar

## Aikido in Fredericksburg

Saturday, 31 August \* 9A – 1P

\$39 for registrations before 24 August \* \$50 at the door

You can register online at [www.gashuku.net](http://www.gashuku.net) or mail this in:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Best Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Martial Arts Training and Rank \_\_\_\_\_

How did you learn about the event? \_\_\_\_\_

Do you have any health limitations that would affect your ability to practice Aikido? \_\_\_\_\_

Contact Person and Phone In Case of Emergency \_\_\_\_\_

### READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY

I, the undersigned applicant to AIKIDO IN FREDERICKSBURG (hereafter called "School"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. I acknowledge that any insurance that the School may carry may not cover injury to its students. As a condition to being admitted to the School as a student, *I assume the risk of all injury and do hereby hold the School, its instructors, lessors, employees, volunteers, and agents harmless from any and all liability (including attorney's fees and costs) for all claims, actions, or damages due to injuries or illnesses suffered by me or caused to third parties by me, arising out of activities involving aikido, any variation thereof, or associated therewith, whether occurring on the premises of the School or elsewhere.*

I agree that the health, welfare, and safety of all students, members, and instructors of the School are of paramount importance. I certify that there is no medical reason to preclude me from training. I acknowledge that there is an inherent risk of exposure to Covid-19 in any place that people are present and I voluntarily assume all risks of exposure.

I certify that, other than as stated on the other side of this form, *I do not have and/or (in the last 14 days) I have not been exposed to a communicable, contagious, or other health condition that poses a legally or medically-recognized risk of harm to other students, members, or instructors of the School. If this changes in the future, I shall inform the School in writing and shall cease attending unless mutually agreeable proper precautions are taken.*

I agree to abide by the rules of the School and to follow explicitly all instructions given by instructors during the course of my instruction. I agree to provide the School written notice if my address or contact information changes. I permit the School to send me communications at the above addresses. I permit the School to use any photos or other recordings in which I may appear. I understand that (a) training is a privilege, (b) the School may refuse to provide instruction to any person at any time, and (c) fees paid are not refundable.

I agree to use Aikido techniques for self-defense and not aggression towards others.

Date \_\_\_\_\_ Signature \_\_\_\_\_

*If student is under eighteen (18) years of age, parent or guardian must sign here.*

I, the undersigned, as parent or guardian of the above applicant, certify that I have read the above application and I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the contract for myself and said applicant.

Date \_\_\_\_\_ Signature \_\_\_\_\_