

AIKIDO IN FREDERICKSBURG

6155 Hickory Ridge Road
Spotsylvania, VA 22551 USA
540-455-3378

Invites you to a special weekend workshop and holiday party with

Hans Goto Shihan

7th dan



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December 7 – 8, 2024

Goto Shihan has over 40 years of experience in the martial arts. His main focus has been Aikido, with extended residential training in Iwama, Japan, under [Morihiro Saito Shihan](#). Goto Sensei was one of the first foreign students admitted to study at the Iwama Dojo. Goto Sensei is Head Instructor and founder of [Bay Marin Aikido](#) and is Past-President of the [Takemusu Aikido Association](#). He has published in Black Belt and other periodicals. Black belt testing will occur on Saturday. We will celebrate with our annual holiday party Saturday night. All Aikido styles welcome.

Tentative Schedule:

Saturday 9:00AM – 5PM (details to follow)

Holiday Party Saturday night (6:30 PM - 9)

Sunday 9 AM – Noonish

\$119 seminar fee for discounted early registration till November 2, \$159 thereafter

Mat Space is Limited

www.gashuku.net



Aikido in Fredericksburg

Hans Goto Sensei 2024 Seminar – Application/Waiver

Non-Refundable Fee Must Accompany Registration

(please make check payable to Aikido in Fredericksburg and bring to the event. If you prefer to register online, [click here](#))

Name _____ Contact Telephone _____

Address _____ City, State _____

Zip _____ Aikido Rank _____

Home Dojo _____ Email Address _____

How did you learn about the Seminar? _____

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

Contact Person and Phone In Case of Emergency:

Amount Enclosed (\$119 Seminar Fee until November 2, 2024, \$159 thereafter) _____

Will you attend the holiday party Saturday night? ___ Would you like to contribute \$10 instead of bringing a dish to pass? ___

Do you need assistance with overnight accommodations or local transport? _____

READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY

I, the undersigned guest of AIKIDO IN FREDERICKSBURG and Hans Goto (hereafter called "Schools"), acknowledge that I am applying for instruction in a martial art involving strenuous exercise, personal body contact, pins, and falls I acknowledge that any insurance that the Schools may carry may not cover injury to its students. As a condition to being admitted to the seminar and related events, I assume the risk of all injury and *do hereby hold Schools, its lessors, instructor, 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 Schools or elsewhere.

I agree that the health, welfare, and safety of all students, members, and instructors of the Schools are of paramount importance. I certify that there is no medical reason to preclude me from training. I certify that, other than as stated above, *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 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 not attend unless mutually agreeable proper precautions are taken.* 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 agree to abide by the rules of the Schools and to follow all instructions given by instructors. I understand that (a) training is a privilege, (b) that the Schools may refuse to provide instruction or membership to any person at any time, and (c) fees paid are not refundable. I agree to receive communications as appropriate at the above addresses from Schools and I agree that the School may use any recordings or images of me taken at the seminar. I will not take any video recordings.

Date _____

Signature _____

If student is under eighteen (18) years of age, parent or guardian must also 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 _____