

**Capital City Aikido**  
3251 Browns Rd  
Milbrook, AL 36054

## **Aviv Goldsmith Sensei Seminar November 12-14, 2021**



Aviv Goldsmith, 6th Dan, Dojo Cho and Chief Instructor at Aikido in Fredericksburg

Aviv Sensei began training in Aikido in 1975. He is a direct student of Saito Morihiro Sensei, training in the Iwama tradition more than thirty years.

### **Seminar Schedule**

Friday, November 12	6:00pm - 7:00pm	Capital City Aikido 3251 Browns Rd Milbrook, AL
Saturday, November 13	10:00am - 12:00pm 2:00pm - 3:30pm 3:45pm - 4:45pm (Dan Tests)	Capital City Aikido 3251 Browns Rd Milbrook, AL
Saturday, November 13	6:00pm-8:30pm Dinner Party	Holmes Sensei's Home 124 Holly Ln Prattville, AL
Sunday, November 14 Bukiwaza **Please Bring Bokken and Jo**	10:00am - 11:00am	Holmes Sensei's Home 124 Holly Ln Prattville, AL

For Additional Information contact Capital City Aikido, telephone: (334)399-3295 or email: holmes@nerdalchemistry.com.

**\*\*\*Due to COVID-19, we ask that all seminar participants be fully vaccinated prior to attending\*\***

Capital City Aikido

Aviv Goldsmith Sensei Seminar November 12th - 14th, 2021

Application

Non-Refundable Fee Must Accompany Registration (Please make check payable to Aikido Holmes King, and mail to 124 Holly Lane, Prattville, AL 36066, before November 1, 2021, or bring to the seminar.)

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
Zip \_\_\_\_\_ Email Address \_\_\_\_\_ Home \_\_\_\_\_  
Dojo \_\_\_\_\_ Aikido Rank \_\_\_\_\_

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

\_\_\_\_\_

Contact Person and Phone in Case of Emergency:

\_\_\_\_\_

Amount Enclosed:

\$80.00 Pre-Registration by November 1, 2021 \_\_\_\_\_

\$100.00 Registration after November 1, 2021 \_\_\_\_\_

\$25.00 Registration for Friday, November 12, 2021 ONLY [Space Available Basis] \_\_\_\_\_

\$65.00 Registration for Saturday, November 13, 2021 ONLY [Space Available Basis] \_\_\_\_\_

\_\_\_\_\_ \$25.00 Registration for Sunday, November 14, 2021 ONLY [Space Available Basis] \_\_\_\_\_

How did you learn about the Seminar?

\_\_\_\_\_

Capital City Aikido

Aviv Goldsmith Sensei Seminar November 12th - 14th, 2021

**WAIVER**

**READ THE FOLLOWING CAREFULLY – IT LIMITS OUR LIABILITY**

I, the undersigned guest of Capital City Aikido and Aikido in Fredericksburg (hereafter called “Schools”), 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 Schools may carry may not cover injury to its students. As a condition to being admitted to the Aviv Goldsmith Sensei Seminar and related events, I assume the risk of all injury and do hereby hold the Schools, its instructors, employees, and agents harmless from any and all liability (including attorney’s fees and costs) for all claims, actions, or damages due to injuries 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 on my accompanying seminar application, I do not have a communicable, contagious, or other health condition that poses a medically recognized or dangerous risk of harm to other students, members, or instructors of the Schools.

I agree to abide by the rules of the Schools and to follow explicitly all instructions given by instructors. I understand that (a) training is a privilege, (b) 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 from the Schools, as appropriate, at the address listed on my registration and I agree that the Schools may use any photographs or images of me taken at the Seminar in its educational materials.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ 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.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19  
for Capital City Aikido**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and as a result, federal, state, and local governments and federal and state health agencies recommend social distancing, the wearing of appropriate facial masks, regular hand washing and other preventative measures.

Capital City Aikido (“the Dojo”) has put in place preventative measures to reduce the spread of COVID-19; however, the Dojo cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending classes at the Dojo could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Dojo and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Dojo may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Dojo instructors and fellow participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the Dojo or participation in Dojo classes or premises. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Dojo, its employees, agents, and representatives, of and from all Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Dojo, its instructors, volunteers, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Dojo classes or programs.

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

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_