

AIKIDO IN FREDERICKSBURG

6155 Hickory Ridge Rd* Spotsylvania, VA 22551 USA
1-540-582-9600

*Invites you to a special weekend workshop and dan tests with
Sensei*

Wolfgang Baumgartner

7th Dan, Shihan

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道



December 2 - 3, 2023

Wolfgang Sensei is a graduate of the Aikido Institute in Oakland, California, and served as uchideshi to Saito Morihiro Shihan at the Iwama Dojo in Japan. He founded Reno Aikido Co-Op and North Lake Tahoe Aikido before moving to Berlin, Germany in 1992 to start the Aikido Berlin Karow dojo. In 2004 he returned to the US and opened Aikido Arts Center Santa Fe, NM. Saito Shihan awarded him the Menkyo Kaiden (complete system teaching certification) for aiki-weapons. Wolfgang Sensei is an accomplished aikidoist, instructor, artist, and professional bodyworker. He serves on the Board of Directors of the Takemusu Aikido Association.

Tentative Schedule:

Saturday 9 AM – 11:15 AM, 3:00 PM – 5:00

Dan Tests 11:30 – 1:30 PM

Party Saturday night (details to follow)

Sunday 9 AM – Noon

\$169 before 12 Nov, \$199 thereafter

www.gashuku.net



Aikido in Fredericksburg

Wolfgang Baumgartner 2023 Seminar – Application/Waiver

Non-Refundable Fee Must Accompany Registration

(please make check payable to Aikido in Fredericksburg and mail to 6155 Hickory Ridge Road, Spotsylvania, VA 225531 before 12 November or bring to the event if space is still available. 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 (\$169 for pre-registration by 11/12, \$199 thereafter (space available basis): _____

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

Do you need assistance with overnight accommodations? _____

READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY

I, the undersigned guest of AIKIDO IN FREDERICKSBURG and Wolfgang Baumgartner (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 _____