

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

invites you to a special weekend Tai Sai Seminar with

Bjorn Saw Sensei

5th Dan

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April 11 - 12, 2026

Join us for a weekend of [Traditional Aikido](#) with Bjorn Saw Sensei, 5th dan, from the Aikido Alive Dojo in London, UK. Bjorn Sensei has a [lifetime of Aikido training](#) and [wisdom](#). Among his accomplishments was being the featured uke in Saito Morihiro Shihan's (9th dan) comprehensive 1992 video from Jesi, Italy. Bjorn Sensei began his Aikido training in 1974 with Takeji Tomita Shihan (7 dan) at Takemusu Aikido Scandinavia in Stockholm, Sweden. Bjorn Sensei later spent two and half years of training under Saito Shihan in Iwama, Japan, between 1987 and 1993. After continued Aikido study and meditation retreats in India, he founded Aikido Alive in 2002. He continues to build on Iwama Aikido fundamentals and has studied [internal Aiki applications](#) with Dan Harden Sensei. He will share his insights with us during our Tai Sai 2026 Spring Seminar. Tai Sai is the commemoration of O-Sensei's passing.

Tentative Schedule:

Saturday 9 AM – Noon, 2:00 PM – 4PM

Potluck Dinner Party Saturday night

Sunday 9 AM – Noon

\$159 before 12 March, \$199 thereafter

www.gashuku.net



Aikido in Fredericksburg

Bjorn Saw Sensei USA 2026 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 March 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 (\$159 for pre-registration before 3/12, \$199 thereafter (space available basis): _____

Will you attend the party Saturday night? _____ Would you like to contribute \$15 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 Bjorn Saw (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 _____