### AIKIDO IN FREDERICKSBURG

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

Invites you to a special seminar with

# Kim Peuser Shihan 7<sup>th</sup> dan

focusing on blackbelt principles for all Aikido practitioners





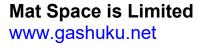
April 11 – 12, 2026

Kim Sensei began his training in 1974 at the Aikido Institute, Oakland. Three years later, he went to study as Uchideshi and Sotodeshi with Saito Morihiro Shihan at the Iwama Dojo in Japan. Previously the Chief Instructor of Aikido Institute (1987-2017) and Mendocino Aikido, he now instructs seminars in the US and Europe. Kim Sensei's Aikido focuses on precision and applied fundamentals, both of which he will bring to this seminar. He currently serves on the Ranking Committee and Board of Directors of the Takemusu Aikido Association. All styles welcome.

#### Tentative Schedule:

Saturday 9:00AM – 5PM (details to follow) Potluck Dinner Party Saturday night (6:30 PM - 9) Sunday 9 AM – Noonish

\$179 seminar fee for the weekend discounts available for early registration





## Aikido in Fredericksburg

# Kim Peuser Shihan Tai Sai 2026 Seminar – Application/Waiver

#### Non-Refundable Fee Must Accompany Registration

(please make check payable to Aikido in Fredericksburg. If you prefer to register online, click here) Contact Telephone Name City, State Address Aikido Rank Zip 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 (\$179 Seminar Fee or \$129 before March 27) Will you attend the holiday party Saturday night? Would you like to contribute \$15 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 Kim Peuser (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. Signature \_\_\_\_\_ If student is under eighteen (18) years of age, parent or guardian must also sign here. I, the undersigned, as parent or quardian 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 \_\_\_\_