Tai Sai 2027 USA Seminar with Lewis Bernaldo de Quiros Sensei

at Aikido in Fredericksburg (USA)

April 10-11, 2027

Taisai (大祭), means a grand annual festival, in this case an international Aikido seminar commemorating the anniversary of the death of Aikido founder Morihei Ueshiba (O-Sensei)

Aikido
in Fredericksburg

Tai Sai 2027 Spring Seminar with Lewis Bernaldo de Quiros Sensei

Lewis Bernaldo de Quiros Sensei, 7th Dan

Join us for training in mindfulness and Aikido with renowned teacher Lewis Bernaldo de Quiros. Lewis Sensei trained full time under the late Morihiro Saito Sensei (9th Dan) from 1986 until 1993 in the Iwama Dojo in Japan. Since then, he has dedicated himself entirely to teaching Aikido and has given more than 300 international seminars. He is the chairman and senior instructor of Traditional Aikido Europe committed to developing and transmitting Takemusu Aikido. Lewis Sensei was awarded 7th dan at Kagamibiraki in January 2024. We are pleased to be hosting him 10-11 April, 2027.

Aikido in Fredericksburg

The setting for our gathering is the beautiful ‘‘green‘‘ Aikido in Fredericksburg dojo, built on 20 rural acres evocative of the environment at the Iwama Dojo in Japan, where Aikido was developed and where Lewis Sensei trained. It is located between Washington, DC, and Richmond, Virginia, just 1.4 miles off US 1 between I-95 exits 126 and 118 at 6155 Hickory Ridge Road, Spotsylvania, VA 22551 USA. Overnight accomodations can be arranged with advance notice.

See you here! We look forward to sharing this experience together.

Tai Sai 2027 Seminar with Lewis Bernaldo de Quiros Sensei

April 10 -11, 2027 * Application/Waiver

Non-Refundable Fee Must Accompany Registration
(please make US$149 check payable to Aikido in Fredericksburg and mail to 6155 Hickory Ridge Road, Spotsylvania, VA 22551 before 1 March 2027, or bring US$199 to the event if space is still available. If you prefer to register online, click here)

Name _____ Contact Telephone _____

Address _____ City, State _____

Zip or Country ____ _____ Aikido Rank (if any) _____

Home Dojo Name _____ 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 ($149 seminar fee before 3/1/27, $199 thereafter (space available basis) _____

____ Yes, I would like to contribute $15 for the Saturday dinner instead of bringing a dish to pass (you may add it to the above amt)

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 Lewis Bernaldo de Quiros (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 certify that I have been fully vaccinated against Covd-19.

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 _____