

AIKIDO IN FREDERICKSBURG

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

Invites you to a special weekend workshop with Sensei

Tristao Da Cunha, 8th dan



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April 21 - 22, 2018

Sensei Tristao Da Cunha (Lisbon, Portugal) began his traditional Aikido training as a university student in 1981 with Sensei Barry Night in Melbourne, Australia, Sensei Da Cunha traveled to Japan in 1986 to become an Uchideshi of Morihiro Saito Shihan in the Aikido Founder's dojo in Iwama. At the request of Saito Shihan, Tristao Sensei founded the Aiki Shuren Kai Portugal and continued to regularly train in Iwama as Uchideshi through 2002. He was "The Last Uchideshi" under Saito Shihan and has continued to train with Saito Shihan's son Hitohira Saito Sensei, who has awarded him an 8th dan ranking (Iwama). He speaks many languages and is also a practitioner and teacher of Shuriken Jutsu.

Tentative Schedule:

Saturday 9:00AM – Noon, 2:00 PM – 5PM

Party Saturday night (7 PM - 10)

Sunday 9 AM – Noon

\$99 Fee before 1 April

\$139 Fee thereafter (space available)

Mat Space is Limited

www.gashuku.net



Aikido in Fredericksburg

Tristao Da Cunha Sensei 2018 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 22551 before 1 April, 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 (\$99 seminar fee before 4/1/18, \$139 thereafter (space available basis), OR Saturday only \$79, or Sunday only \$69) _____

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 or local transport? _____

READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY

I, the undersigned guest of AIKIDO IN FREDERICKSBURG (hereafter called "School"), 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 School 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 the School, its instructors, employees, volunteers, lessors, and agents, and Tristao Da Cunha 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 School or elsewhere.

I agree that the health, welfare, and safety of students, members, and instructors of the School 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 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 School.

I agree to abide by the rules of the School and to follow instructions given by instructors. I understand that (a) training is a privilege, (b) the School may refuse to provide instruction or membership to any person at any time, (c) I will not videotape any part of the seminar, and (d) fees paid are not refundable. I agree to receive communications as appropriate at the above addresses from School. I agree that the School may use any photos, recordings, or other images of me taken at the seminar.

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 _____