

**AIKI KODOMO KENSHUKAI  
SEMINAR APPLICATION & LIABILITY WAIVER**

Please mail along with your non-refundable registration fee to 6147 Hickory Ridge Road, Spotsylvania, VA 22551.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Aikido Home Dojo \_\_\_\_\_ Aikido Rank \_\_\_\_\_

Where will you be staying during the workshop? \_\_\_\_\_

How did you learn about the workshop? \_\_\_\_\_

Do you have any health limitations that would affect your ability to practice Aikido? \_\_\_\_\_

\_\_\_\_\_

Contact Person and Phone In Case of Emergency \_\_\_\_\_

\_\_\_\_\_

**READ THE FOLLOWING CAREFULLY - IT LIMITS OUR LIABILITY**

I, the undersigned applicant to AIKIDO IN FREDERICKSBURG and AIKIDO OF BERKELEY (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 School as a student, I assume the risk of all injury and *do hereby hold the School, its instructors, employees, and agents (the "Agents") 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, including the use or misuse of information presented at or by the School, excepting only those actions or damages caused by the Agents' gross negligence.

I agree that the health, welfare, and safety of all 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. If such a condition arises in the future, I shall inform the School and shall cease practicing unless mutually agreeable proper precautions are taken.

I agree to abide by the rules of the School and to follow explicitly all instructions given by instructors. I understand that (a) training is a privilege, (b) that the School may refuse to provide instruction to any person at any time, and (c) fees paid are not refundable. I agree that the School may use any photos of me taken at the seminar and ideas generated therein in its educational materials.

Date \_\_\_\_\_

Signature \_\_\_\_\_

***If student is under eighteen (18) years of age, parent or guardian must 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 \_\_\_\_\_

**AIKI KODOMO KENSHUKAI  
PRE-SEMINAR PLANNING QUESTIONS**

Name \_\_\_\_\_

**What do you think are the three greatest challenges with teaching Aikido to Children?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**What are the strengths of your dojo's program?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**What things do you hope we address in this seminar?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**What is your most pressing question about teaching Aikido to Children?**

1. \_\_\_\_\_

**What resources have you found to be helpful in teaching Aikido to Children?**

1. \_\_\_\_\_

2. \_\_\_\_\_

**FEEL FREE TO USE MORE PAPER TO ANSWER THESE QUESTIONS  
ARIGATO!**