

# Aikido of Northern Virginia

## SEMINAR WITH FRANK DORAN-SENSEI, 7TH DAN



Photo by Tim Gion

Aikido of Northern Virginia will host a seminar with Frank Doran-sensei, 7th Dan, Shihan, of Aikido West on May 21-23, 2010. There will be four classes:

Friday: 6:30 pm - 8:30 pm  
Saturday: 10:00 am - 12 noon, 2:30 pm - 4:30 pm  
Sunday: 9:30 am - 11:30 am

The cost of the seminar will be \$150 for the entire weekend. **There is an advance registration discount of \$60 for all three days, lowering the cost of the seminar to \$90.** You must register and pay by May 7, 2010, to receive this discount.

Daily rates are available for those who cannot attend the entire seminar:

Friday: \$50 \$30 (by May 7, 2010)  
Saturday: \$100 \$60 (by May 7, 2010)  
Sunday: \$50 \$30 (by May 7, 2010)

Aikido of Northern  
Virginia

4201 Fairfax Drive  
Arlington, VA 22203

Phone: 703-599-4460  
WWW: [www.aikido-nova.org](http://www.aikido-nova.org)  
E-Mail: [jim\\_sorrentino@hotmail.com](mailto:jim_sorrentino@hotmail.com)

Space is limited. Advance registration and payment is encouraged!

***Aikido of Northern Virginia, Inc.***  
***Frank Doran-sensei Seminar***  
***May 21 - 23, 2010***

***Registration/Release Form***

(Please Print VERY CLEARLY — All registration information is confidential, and will not be sold, rented, or given away.)

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

In An Emergency Please Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Experience: Dojo: \_\_\_\_\_ Rank: \_\_\_\_\_

How long have you been training in Aikido?  
\_\_\_\_\_

How did you find out about the seminar?  
\_\_\_\_\_

Special Instructions (Allergies, limiting or relevant injuries, personal physician, etc.):

Entire Seminar:            \$150                    \$90, in advance, postmarked no later than May 7, 2010

Daily, Friday:            \$50                      \$30, in advance, postmarked no later than May 7, 2010

Daily, Saturday:        \$100                    \$60, in advance, postmarked no later than May 7, 2010

Daily, Sunday:          \$50                      \$30, in advance, postmarked no later than May 7, 2010

Saturday Party            \$10/person            \_\_\_\_\_ people will be attending (maps & details to be provided at the seminar)

Total, enclosed:        \$ \_\_\_\_\_ (Make checks payable to *Aikido of Northern Virginia, Inc.*)

Please mail your completed registration, release form, and payment to:

**Aikido of Northern Virginia**  
**4201 Wilson Blvd #110-263**  
**Arlington, VA 22203**

**PLEASE READ THE FOLLOWING CAREFULLY. YOU ARE BEING ASKED TO RELEASE US OF ALL LIABILITY.**

I, the undersigned, acknowledge that I am applying for instruction in a martial art involving strenuous exercise and personal body contact. This may include, without limitation, being grabbed, pushed, punched, kicked, and struck with weapons, being thrown to the ground, and possible exposure to blood. I understand that because of this there is always an inherent risk of injury that cannot be eliminated. Such injuries may include, but are not limited to, pulled muscles, dislocated joints and broken bones. I acknowledge that Aikido of Northern Virginia, Inc., (hereafter called ANV, Inc.) and Frank Doran carry no insurance against injury to any of their students. I ALSO REALIZE THAT I MAY AT ANY TIME REFUSE TO ENGAGE IN ANY ACTIVITY WHICH I DEEM HARMFUL TO MYSELF IN ANY WAY, AND BY ENGAGING IN ANY OF THE ACTIVITIES OF AIKIDO OF NORTHERN VIRGINIA I FULLY ACCEPT AND ACKNOWLEDGE ALL RISKS INVOLVED.

In consideration for being admitted into Aikido of Northern Virginia, Inc. and receiving training in the martial arts, consideration that I hereby acknowledge is valuable and adequate to support my performance under this contract of release, I agree to hold Frank Doran, ANV, Inc., its employees, agents, officers, directors and shareholders, harmless from all liability that arises, directly or indirectly, from injury to me, or from injury caused to third parties by me, while on the premises of ANV, Inc. or elsewhere, and at any time in the future. I agree not to sue Frank Doran, ANV, Inc., its employees, agents, officers, directors and shareholders, and agree to reimburse to Frank Doran, ANV, Inc., its employees, agents, officers, directors and shareholders for all attorney fees and costs if I do sue.

**BLOOD-RELATED MATTERS**

It is very possible that at some period in your martial arts career you will on some occasion, unknowingly or otherwise, practice with a student who is HIV positive. You also may be exposed to bleeding or blood in the practice area. There is no way to predict, or entirely prevent this. With a little common sense there is also no reason to be anxious since all current research affirms that contact sports provide no risk to the practitioners where blood is not a factor.

HOWEVER, since the only means of transmission of the virus at all relevant to practice concerns the presence of blood, the following is DOJO POLICY and should be strictly observed:

TREAT all and any blood in the dojo with utmost caution. Blood on the mat should be washed off immediately. The dojo has appropriate gloves and disinfectant for this purpose. Also in the unlikely event that someone is injured enough to need help and is bleeding profusely, use gloves if there is any possibility of coming into contact with blood.

MUCH more likely are small abrasions or scrapes, (the dojo handbook instructs you to keep your finger and toe nails clipped short to avoid cutting those you are working with). It is each student's responsibility to COVER all open wounds or cuts. If such an injury occurs during class, then bow off the mat and attend to and cover it. This makes good sense anyway.

ABOVE ALL use common sense.

I have read the above section on Blood-Related matters and specifically acknowledge and accept all risks which may be implied in the practice of the Martial Arts taught at ANV, Inc.. I am familiar with the procedures to be followed should there be exposure to blood while practicing at Aikido of Northern Virginia, Inc.'s activities, and agree to follow those procedures as best as reason and common-sense will allow.

I certify that I have read the foregoing RELEASE AND WAIVER, that I understand its terms, that I have no physical infirmities that would be aggravated by the activities described in this RELEASE AND WAIVER, that I am 18 years of age or older, that I have observed a class or demonstration of the martial arts taught by Aikido of Northern Virginia, Inc., that no one has made any representations to me that in any way contradict the terms of this RELEASE AND WAIVER, and that I am signing this RELEASE AND WAIVER of my own free will.

I understand that the martial arts taught at Aikido of Northern Virginia, Inc. are educational systems. For the benefit of this education and training and of the safety of myself and others, I will strictly follow the Rules of the Dojo and the general rules of dojo safety, the realities of martial arts practice in general, and Aikido in particular. Should I break any of these rules, I understand that it is the decision of the Master Instructor whether or not I may continue training. I will abide by his decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If Applicant is under 18 year of age:** I the undersigned, as parent or guardian of the above applicant, certify that I have read the above RELEASE AND WAIVER and I consent to the applicant's receiving the instruction applied for and I agree to the provisions of the RELEASE AND WAIVER for myself and said applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship