

KILOHANA MARTIAL ARTS ASSOCIATION PRESENTS



The Return of...

THE SAN JOSE

# GASSHUKU MASTERS SEMINAR 2016

A MARTIAL ART TRAINING CAMP INTENSIVE – CELEBRATING KILOHANA'S 20-YEAR ANNIVERSARY

**SAT & SUN** **NOV 12 & 13, 2016**

**EVENT: 9AM – 5PM** **REGISTRATION: 8AM – 9AM**

**CAMPBELL COMMUNITY CENTER**  
**1 W CAMPBELL AVE, CAMPBELL CA USA**

**PRE-REGISTRATION DUE BY OCTOBER 17 2016**

Sponsored by



[GASSHUKU.SJ.COM](http://GASSHUKU.SJ.COM)

Contact Gasshuku Director Hans Ingebretsen at (408) 377-1787 or [hansingebretsen@yahoo.com](mailto:hansingebretsen@yahoo.com) for information



# INSTRUCTORS

Prof. Steve Barber	Danzan Ryu Ju Jitsu	'Olohe Solomon Kaihewalu	Lua
Sensei Derek Baure	Danzan Ryu Ju Jitsu	Sifu David Leung	Wing Chun
Prof. Lawrence Boydston	Kickboxing	Senior Grand Master Bob Maschmeier	Kajukenbo
Prof. Willy Cahill	Judo	Prof. Bob McKean	Danzan Ryu Ju Jitsu
Prof. Jack Carter	Seifukujitsu	Prof. Scott Merrill	Chow-Hoon Goshin Jitsu
Sifu Graciela Casillas	Shen Shun Do	Hanshi Anton Muhammad	V.A.S.K. Ryu Jiu Jitsu
Kaiso Shawn Cephas	American Shorinji-Te	Prof. James Muro	Hawaiian Blend
Prof. Kevin Colton	Danzan Ryu Ju Jitsu	Prof. Chris Nicholas	Danzan Ryu Ju Jitsu
Prof. Mike Esmailzadeh	Aikido	Prof. Steve Nicholls	Danzan Ryu Ju Jitsu
Sensei Delina Fuchs	Danzan Ryu Ju Jitsu	Sensei Matt Olson	Danzan Ryu Ju Jitsu
Prof. Rob Gale	Small Circle Ju Jitsu	Prof. Steve Orcino	American Kenpo
Sensei Eddie Gearhart	Danzan Ryu Ju Jitsu	Master Ev Pepper	Krav Maga
Prof. Rowdy Hall	Aikibujitsu	Guro Bob Reish	Silat
Sensei Steve Harris	Chow-Hoon Goshin Jitsu	Sensei Kathie Reish	Danzan Ryu Ju Jitsu
Prof. Tim Harris	Chow-Hoon Goshin Jitsu	Shihan Russ Rhodes	Ken Ju Ryu Kenpo Ju Jitsu
Prof. Al Ikemoto	Judo	Guro Darren Tibon	Serrada Eskrima
Prof. Hans Ingebretsen	Ku'i Lima Kenpo	Prof. Mike Tucker	Danzan Ryu Ju Jitsu
Prof. Dale Kahoun	Judo		

## VENUE

Campbell Community Center  
1 West Campbell Ave., Campbell CA USA



## HOTELS

Campbell Inn	675 E. Campbell Ave.	(408) 374-4300
Larkspur Landing	550 W. Hamilton Ave.	(408) 364-1514
Motel 6	1240 Camden Ave.	(408) 371-8870
Bristol Hotel	3341 S. Bascom Ave.	(408) 559-3300
Doubletree by Hilton Pruneyard	1995 S. Bascom Ave.	(408) 559-4300
Carlyle Hotel	1300 Camden Ave.	(408) 559-3600
Courtyard by Marriott	655 Creekside Way	(855) 809-3511
Towne Place Sites	700 E. Campbell Ave.	(408) 370-4510





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or, register online at [GasshukuSJ.com](http://GasshukuSJ.com)

Classes will include training in JUDO \* DANZAN RYU JU JITSU \* AIKIDO \* KAIHEWALU LUA \* KU'I LIMA KENPO \* WING CHUN \* SERRADA ESKRIMA \* AMERICAN SHORINJI-TE \* KEN JU RYU KENPO JU JITSU \* CHOW-HOON GOSHIN JITSU \* SMALL CIRCLE JU JITSU \* KICKBOXING \* SHEN SHUN DO \* SILAT \* KRAV MAGA \* AMERICAN KENPO \* AIKIBUJITSU \* GO SHIN JITSU KAI CHINESE KEMPO

Weapons classes will include instruction in the use of knives, swords, jo, and eskrima sticks. Attendees are encouraged to bring their own weapons to use in these classes, though extra practice weapons will be available.

**Knives must be dulled practice knives.  
Bring Bokuto (wooden sword) for sword classes.**

**Pre-registration must be received no later than October 17, 2016.**

Those who pre-register will receive a free event program and t-shirt.

(Please type or print legibly - one form per person)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

Dojo (affiliation) \_\_\_\_\_ Sensei \_\_\_\_\_

Style of Art \_\_\_\_\_ Rank \_\_\_\_\_

Two day workout: \$80.00 Pre-registration (by Oct. 17) \$ \_\_\_\_\_

\$100.00 at the door \_\_\_\_\_

One day workout: \$50.00 Pre-registration (by Oct. 17) \_\_\_\_\_

\$75.00 at the door \_\_\_\_\_

Age 13 & under, 2 day: \$50.00 Pre-registration (by Oct. 17) \_\_\_\_\_

\$60.00 at the door \_\_\_\_\_

Age 13 & under, 1 day: \$30.00 Pre-registration (by Oct. 17) \_\_\_\_\_

\$40.00 at the door \_\_\_\_\_

Spectator fee: \$10.00 \_\_\_\_\_

Total \$ \_\_\_\_\_

Kilohana member discount \$10.00 Member # \_\_\_\_\_ ( )

(You must be current on your membership dues to receive the Kilohana discount.)

Total Amount Due \$ \_\_\_\_\_

T Shirt size: (circle one) small medium large x large xx large xxx large  
youth-small youth-medium youth-large

Attending potluck banquet? (circle one) Yes No thanks (space is limited)

Name of insurance carrier: \_\_\_\_\_

Insurance Group number: \_\_\_\_\_

Signature (parent or guardian if under 18): \_\_\_\_\_

Send completed registration form and make checks payable to:

**Kilohana Martial Arts Association  
1821 S. Bascom Ave. #230  
Campbell, CA 95008**





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## KILOHANA MARTIAL ARTS ASSOCIATION & ZANSHIN ENTERPRISES Martial Art Seminar & Clinic Warning Waiver and Release of Liability and Agreement to Participate

### INSTRUCTIONS

This agreement and release must be signed by all participants, and their parent(s) or guardian(s) if the participant is a minor (under 18), who wish to participate in this seminar.

**PLEASE READ CAREFULLY BEFORE SIGNING**

In consideration of being allowed to participate in any way in the seminar, I hereby:

1. Agree that prior to participating, I will inspect the mat, equipment, facilities, and any competition pools or pairing to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach or supervisor of such condition(s) and refuse to participate:
2. Acknowledge and fully understand the Martial Arts are a physical contact sport and that I will be engaging in activities that might result in serious injury, including permanent disability and death and severe social and economic loss due to my own actions, negligence of others, or conditions of the premises or any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all risks involved in the sports of Martial Arts and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Enter Martial Arts practice, entirely on my own free will and understand the importance of following all directions given me by instructors and other officials.
5. Certify that I am in good physical condition and have no disease, injury, or other condition that would impair my performance or physical and mental well being in intense physical practice, training or competition.
6. Grant permission in case of injury to have a doctor, nurse, athletic trainer or other medical emergency personnel provide me with medical assistance or treatment for such injury.
7. Release, waive, discharge and covenant not to sue Kilohana Martial Arts Association, Zanshin Enterprises, Campbell Community Center, individual instructors, or promoters, other participating organizations, their affiliated clubs and schools, their respective administrations, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parent(s), guardian(s), supervisors, coaches, sponsoring agents, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the class or event, all which are hereinafter referred to as "releases," from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
8. I/We the parent(s) or legal guardian(s) of this minor participant have instructed or will instruct the minor participating to the above warning and conditions and their ramifications and I/We additionally confirm and agree to all of the above statements, conditions, waivers, and releases, and consent to this minor's participation.

**I/WE HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY.**

\_\_\_\_\_  
(Print Name of Participant) (Signature) (Date)

\_\_\_\_\_  
(Print Name of Parent/Guardian) (Signature) (Date)

\_\_\_\_\_  
(Print Name of Parent/Guardian) (Signature) (Date)