Northwest Judo Yudanshakai Kata Committee

Hosted by Southwestern Oregon Community College Judo

Itsutsu no Kata Clinic and Tandoku-renshu

Instructed by: Sensei Mike Purcell – Shichidan Sensei Delynn Purcell – Rokudan

Sanctioned by United States Judo Federation, # 18-08-08

Eligibility: Open to all current USJF, USJI and USJA members. Card must be presented at registration

Southwestern Oregon Community College 1988 Newmark Prosper Hall Coos Bay, OR 97420

Saturday August 25, 2018
Registration 9:00 a.m.
Clinic 9:30 a.m. – 4:30 p.m.
Clinic fee: \$25, includes lunch.

Name		
Addre	ss	
City_	State/Zip	Phone
Rank_	USJF/USJI/USJA#	expires
	If assistance/accommodation is neede Vision loss/ Blindness Hearin Type of assistance/accommodation re- assisting	ng loss/Deafness

Mail registration form, waiver and check made out to **Northwest Yudanshakai** to:

Rob Schab 2213 Pony Creek Road North Bend, Oregon 97459

(541) 756-0414 <u>r.schab@charter.net</u>



WARNING! WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including travel to and from, in any Judo tournament, practice, clinic, and related events and activities ("Activity") of the United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Northwest Judo Yudanshakai, Inc., Southwestern Oregon Community College, SWOCC Judo Club, Washington Judo Inc., Oregon Judo, Inc., and affiliated local Judo Associations, I agree:

- 1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.
- 2. I further acknowledge that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, and/or a tournament official of such conditions and refuse to participate.
- 3. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, the rules of the sport of Judo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
- 4. Knowing the risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, illness, disease, permanent disability, or death.
- 5. I hereby release, waive, discharge and covenant not to sue the United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Northwest Judo Yudanshakai, Inc., Southwestern Oregon Community College, SWOCC Judo Club, Washington Judo Inc., Oregon Judo, Inc., and affiliated local Judo Associations, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

CONTINUE IN FULL FORCE AND EFFECT.				
Participant	Participant's Signature	Date		
FOR PAREN	TS/LEGAL GUARDIANS OF PARTICIPANTS O	OF MINORITY AGE		
	(UNDER AGE 18 AT TIME OF REGISTRATI	ION)		
This is to certify that I, as pare	nt/legal guardian with legal responsibility for this par	rticipant, do consent and agree to his/her		
release, as provided above, of	all the Releasees, and, for myself, my heirs, assigns	, and next of kin, I release and agree to		
indemnify and hold harmless	the Releasees from any and all liabilities inciden	t to my minor child's involvement or		
participation including litigation	n expenses, attorney fees, loss, liability, damage or c	osts which may incur as the result of the		
minor child's participation in t	hese programs as provided above, even if arising fro	om their negligence, to the fullest extent		
permitted by law. I have instru	eted the minor participant as to the above warnings ar	nd conditions and their ramifications.		

Parent/Legal Guardian Parent/Legal Guardian's Signature Date