

**The 68th Annual San Jose Buddhist Judo Club
and 24th "Sensei Memorial" Invitational Judo Tournament**

USA Judo Sanction # 2016-23-02

CLINIC & WORKOUT REGISTRATION FORM

Saturday, February 13, 2016 Yosh Uchida Hall, Corner of 4th Street and San Carlos Street,

10:00 AM – 1:30 PM

Cost: \$30 payable to "SBJC"

Clinicians: Shintaro Nakano, SJSU Coaches and Team Members

Contestant's Name (Please print neatly and clearly in the boxes below):

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Last Name

First Name

Address: _____
Street
City
State
Zip

Email: _____ Phone: (____) _____

Date of Birth: ____ / ____ / ____ Age: ____ Rank: _____
mm
dd
yy

Club/Dojo: _____

Instructor: _____

CLINIC USE ONLY

Proof of Membership: USJF# _____ USJI# _____ USJA# _____

Expiration Date: _____

Fees Paid: Cash \$ _____ Check# _____ Amount: \$ _____

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, The 68th San Jose Buddhist Judo & 24th Annual "Sensei Memorial" Judo Invitational Tournament , practice, clinic, and related events and activities of the **USA Judo, Inc., California Judo, Inc., United States Judo Federation, United States Judo Association, Central Coast Judo Association, San Jose Buddhist Judo Club, San Jose State University Judo Team, San Jose State University Department of Human Performance, the Event Center at San Jose State University, the Student Union of San Jose State University, San Jose State University, The State of California, The Trustees of California State University, Ovations, LLC, and all of their other departments, boards, commissions, officers, employees, agents, contractors and invitees, and any Departments/Programs of San Jose State University, I hereby:**

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree 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. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability TBI (Traumatic Brain Injury), 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue **USA Judo, Inc., California Judo, Inc., United States Judo Federation, United States Judo Association, Central Coast Judo Association, San Jose Buddhist Judo Club, San Jose State University Judo Team, San Jose State University Department of Human Performance, the Event Center at San Jose State University, the Student Union of San Jose State University, San Jose State University, The State of California, The Trustees of California State University, Ovations, LLC, and all of their other departments, boards, commissions, officers, employees, agents, contractors and invitees, and any Departments/Programs of San Jose State University,** together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, 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 claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant

Participant's Signature

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, 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 incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent/Guardian

Parent/Guardian's Signature

Date