



Orange County
Judo Training Center

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Ugo Legrand Judo Clinic



Ugo Legrand

2012 Olympic Bronze Medalist
2012 European Champion in Chelyabinsk
2 Time World Medalist

- WHERE:** Orange County Judo Training Center
10706 Garden Grove Blvd.
Garden Grove, CA 92843
- WHEN:** Saturday, March 19, 2016
Kids Judo Clinic 10:00 am to 11:30 am
Teens/Adults Judo Clinic 12:30 pm to 2:30 pm
- COST:** \$25.00 for Kids Judo Clinic - Youth (12 years old and under)
There are no spectator fees for Kids Judo Clinic.
The seats are for parents and coaches of participants.
- \$40.00 for Teens/Adults Judo Clinic - 13 years old and up
Spectator fee for Teens/Adults Judo Clinic waived for parents or coaches of participants 17 years and under.
- \$15.00 for Spectator fee for Teens/Adults session
- RESERVATIONS:** Space is limited, please contact us at info@ocjudo.com or call Sensei Juan Montenegro at (714) 343-1260 to reserve your spot. Registration forms and fee must be received by March 15, 2016. Please make check payable to: **Juan Montenegro**
Major credit cards: AMX, VISA, MasterCard and Discover accepted.

CLINIC FORMAT:

This clinic is for all levels, including competitors, non-competitors, coaches and instructors. Technical instruction from Mr. Ugo Legrand, 2012 Olympic Bronze medalist, 2012 European Champion in Chelyabinsk and 2 times World Medalist in Judo will share his competition techniques, drills and his workout routine. Questions will be allowed during the Q&A session and when appropriate during the training part of the clinic.

OTHER INFORMATION:

There are no dressing rooms at Orange County Judo Training Center. Please wear your gi pants to the clinic and appropriate rash guard/t-shirt for women.



Orange County
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Registration

USA Judo Sanction #2016-57-03

Ugo Legrand Judo Clinic
Saturday March 19, 2016

(Please Print Clearly)

Name: _____ Sex: _____ Dojo / Club: _____

Check One: Juniors 7 to 12 years old: _____ Seniors 13 years and up: _____ Spectators: _____

Birth date: ____/____/____ Age: ____

Address: _____
City / State / Zip Code

Phone: ____ (____) _____ Email Address _____

Organization (**USJA, USJF or USA Judo**) Member # _____ Exp Date: _____
(Circle the Organization)

Emergency Contact: Phone: ____ (____) _____ Name: _____

Address: _____ Street / City / State / Zip Code

If assistance and / or accommodations are needed, check off the appropriate box.

_____ Vision Loss / Blindness _____ Hearing Loss / Deafness

Type of assistance / accommodations requested or name of person assisting

The waiver and release of liability and agreement to participate which appears as part of this official registration form must be signed and turned in by March 15, 2016 with your Registration and Fee.



Orange County
Judo Training Center



Payment Information

Contact Sensei Juan Montenegro for reservations and space availability

Please make check payable to: Juan Montenegro

Registration forms and fee must be received by March 15, 2016

Please mail check and forms to:

**Juan Montenegro
11511 Garden Drive
Garden Grove, CA 92840**

\$25.00 for Kids Judo Clinic - 13 years old and under

There are no spectator fees for Kids Judo Clinic.

The seats are reserved for parents and coaches of participants.

\$40.00 for Teens/Adults Judo Clinic - 13 years old and up

Spectator fee for Teens/Adults Judo Clinic waived for
parents and coaches of participants 17 years and under

\$15.00 Spectator fee during Teens/Adults Judo Clinic

Major credit cards: AMX, VISA, MasterCard and Discover accepted

For credit card registration, you can mail the registration forms with your credit card info or for faster confirmation, forms can be scanned and E-mail to info@ocjudo.com and call Juan Montenegro with credit card information at [714-343-1260](tel:714-343-1260)

Phone: 714-343-1260

E-Mail info@ocjudo.com

Card Number: _____ Type of card: AMX, VISA, MasterCard and Discover
(Circle One)

Name on Card: _____ Expiration Date: _____ CVV Card Code* _____
*(3 digit security code on the back of the credit card)

Amount Authorized: _____ Date: _____ Card Member Signature: _____



Ugo Legrand Clinic

WARNING, WAIVER, RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE
IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY, INCLUDING TRAVEL TO AND FROM THE UGO LEGRAND JUDO CLINIC, RELATED EVENTS AND ACTIVITIES OF THE UNITED STATES JUDO ASSOCIATION, UNITED STATES JUDO FEDERATION, USA JUDO, CALIFORNIA JUDO INC., UGO LEGRAND, ORANGE COUNTY JUDO TRAINING CENTER, INSTRUCTORS, CONTRACTORS AND STAFF, I HEREBY:

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 coaching 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 Association, Inc., United States Judo Federation, USA Judo, California Judo, Inc., Ugo Legrand, Orange County Judo Training Center, instructors, staff 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, lessor, 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.

Participant: _____ Signature: _____ Date: _____
(Print Name)

FOR PARENTS /GUARDIANS OF PARTICIPANTS UNDER AGE 18 AT THE 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: _____ Signature: _____ Date: _____
(Print Name)



Orange County Judo Training Center



Orange County Judo Training Center 10706 Garden Grove Blvd., Garden Grove, CA 92843 (714) 455-3660

Waiver and Release of Liability Agreement

In consideration of being permitted to participate in any Martial Arts Program indicated below and / or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the participant, the parent(s) and / or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and / or legal guardian(s) will instruct the minor participant that prior to participating in the below martial arts activities or events, he / she should inspect the facilities and equipment to be used, and if he / she believes anything is unsafe, the participant should immediately advise the officials / instructors / staff of such condition and refuse to participate. I understand and agree that, if at any time, I feel anything to be unsafe; I will immediately take all precautions to avoid the unsafe area and refuse to participate further.
2. I / We fully understand and acknowledge that:
 - a. There are risks and dangers associated with participating in any martial arts training / events / program and could result in bodily injury / total disability / paralysis or death.
 - b. The social and economic losses / damages, which could result from the risk and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the action / inaction or negligence of the participant or the action / inaction or negligence of others, including, but not limited to, the releasees named below.
 - d. There may be other risks not known to us or are not reasonably foreseeable at this time.
 - e. Photos taken of members/students and others at events, tournaments, outings, dojo activities or other activities, may be used for advertising or promotion of the club or dojo and the participants, parent(s) and / or legal guardian(s) do give permission for said use the photos, videos and any renderings.
3. I / We accept and assume such risk and responsibility for losses / damages following such injury / disability / paralysis or death, however caused and whether caused in whole or part by negligence of the releasees named below.
4. I / We hereby release, waiver, discharge and covenant to the greatest extent permitted by law not to sue Orange County Judo Training Center, Judo training programs, Judo events, the martial arts facility used by the participant, including its owners, managers, instructors, staff and their heirs, promoters, lessees of premises used to conduct the martial arts events / programs, instructions, recommendations, directions or instructions to engage in risk evaluations or loss control activities regarding the martial arts facility or events held at such facility and each of, their directors, officers, agents, employees, instructors, staff and their heirs, all for the purpose herein referred to as "releasees", from all liability to the undersigned, my / our personal representatives, assigned, executors, heirs and next of kin for any and all claims, demands, losses or damages and any claims or demands therefore on account of any injury, including but not limited to the death of the participant of damage to property, arising out of or relating to the event(s) caused alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. I / We hereby acknowledge that the activities of the event(s) are very dangerous and involve the risks of serious injury and / or death / or property damage. Each of the undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasee.
6. Each of the undersigned further expressly agree that the forgoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall notwithstanding continue to in full legal force and effect.
7. On behalf of the participant and individually, the undersigned, parent(s) or legal guardian(s) for the minor participant executes this waiver and release. I / We despite the release, the participant make s a claim against any of the releasee, the parents(s) and / or the legal guardian(s) will reimburse the releasee for any money which they have paid to the participant of on his / her behalf, and hold them harmless.

I / We have read the release and waiver of liability, assumption of risk and indemnity agreement. I / We fully understand its terms and understand that I have given up substantial rights by signing it. I / We have signed it freely and voluntarily without any inducements, assurances or guarantees. I / We are legally competent to understand and complete this agreement. I / We hereby execute this agreement and release all liability to the greatest extent permitted by law.

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Name of Participant: _____ Date: _____

Signature of Participant: _____ Telephone#: _____

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Telephone#: _____