

2016 USJF Self Defense Certification and Re-Certification Clinic

USJF SANCTION # 16-08-16

We are pleased to announce the USJF Self Defense Certification and Re-Certification Clinics. These clinics are for instructors and assistant instructors that wish to present USJF self-defense programs in their dojos and also to the public. Our intent is to broaden the judo program and to also provide members of our organization with programs that will complement and increase participation in judo classes. The Re-Certification Course is for those individuals that have been certified by USJF as Self Defense Instructors or Assistant Self Defense Instructors. The Certification course is for those individuals that wish to be certified as Self Defense Instructors or Assistant Self Defense Instructors under the USJF program. These programs are designed to conform to the insurance policy provided as a USJF member.

DATE/TIMES: August 14, 2016 from 0800-1630 REGISTRATION: 0700-07:30 There will be a meet and greet of all participants from 0730-0800 so please try to attend this session.

LOCATION: Cabrillo Middle School (meet in the Cafeteria), 2550 Cabrillo Ave., Santa Clara, 95051

CLINICIANS: USJF Self Defense Committee Members: Neil Simon-Chair, Kristofer Larson- USJF Corporate Counsel, John Schaedler and Keith Watanabe – Committee Members

COST: \$60

CONTACT PERSON: Keith Watanabe (408) 802-8642 email sk117wat@yahoo.com

REQUIREMENTS: All participants must be valid members (Primary or Secondary) of USJF to be certified. You must present your valid registration card or a photocopy of the card. Members of other organizations (USJA/USA Judo) may attend the course but will not receive USJF certification. USJF applications will be available onsite.

Additional Requirements: You must have additional training to be certified. Some of these training classes are CPR/First Aid, SafeSport and CDC Concussion courses. If you take any of these courses prior to attending this clinic please bring copies of certifications with you to the clinic. If you have any prior self-defense courses or related courses please bring copies of those certificates also. We will compile them and verify that you have enough CEU (continuing education units) for the level of certification applied for. We will submit them to the USJF National Office for certification. If you decide to take the appropriate courses after the clinic then it will be your responsibility to compile them and submit them to the USJF National Office on your own. You must also pass a current background check. If the background was done through USJF it will be on file. If it was done by USA Judo or USJA then you must provide a copy of the cover letter that states that you have passed the background. DO NOT bring a copy of your entire background check.

Prior to attending the clinic you should go to <http://www.videonerd.net/USJFSD/> to access and view the following videos: Certification watch videos 1, 2 and 5 and for Re-certification watch videos 1-9. At the beginning of the clinic there will be a written evaluation given to assess your understanding of the videos.

Minimum Requirements for USJF Assistant Self-Defense Instructor is at least 16 years old and hold the valid rank of Sankyū. Minimum Requirements for USJF Self Defense Instructor is at least 18 years old and hold the valid rank of Shodan

WHAT TO BRING: Bring paper and/or a computer to take notes. Wear comfortable clothing as we will be practicing some techniques (no judogi is required). We will be providing all participants with a USB drive of class material. As we will be presenting a lot of material in a short amount of time we will provide lunch.

USJF SELF DEFENSE CERTIFICATION/RE-CERTIFICATION CLINICS

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Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

USJF Number/Expiration Date: _____

Club or Dojo: _____

City/State: _____

Rank/Organization Received from: _____

Background/Organization Received from: _____

If other than USJF please bring a copy of your pass letter (not the entire background).

If assistance or accommodation is needed (check off appropriate line):

_____ Vision Loss/ Blindness _____ Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting

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., Hokka Judo Yudanshakai, Inc., Cabrillo Middle School, and the Santa Clara PAL Judo**, 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., Hokka Judo Yudanshakai, Inc., Cabrillo Middle School, and the Santa Clara PAL Judo**, 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.

Participant

Participant's Signature

Date

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

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's 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/Legal Guardian

Parent/Legal Guardian's Signature

Date