



Orange County Judo Training Center



Koji Komuro Judo Clinic – Ne-Waza Seminar

- WHERE:** Orange County Judo Training Center
10706 Garden Grove Blvd.
Garden Grove, CA 92843
- WHEN:** Sunday, October 2, 2016
Kids (7yrs. to 12yrs.) 10:00 am to 11:30 am
Teens/Adults 12:00 pm to 2:30 pm
- COST:** \$30.00 Kids, Seminar only, \$75.00 Includes “Komlock” book
(Parents at the Kids Seminar are free)
\$50.00 Teens/adults, Seminar only, \$95.00 Includes “Komlock” Book
\$25.00 Spectator Seats, 15 seats available
(Free Spectator seats with purchase of “Komlock”
Ne-Waza book by Koji Komuro.)
\$45.00 “Komlock” Ne-Waza Book by Koji Komuro
- RESERVATIONS:** To register and reserve your space go to <http://squareup.com/store/ocjudo>
You may also contact Sensei Juan Montenegro at (714) 455-3660 to register
and reserve your space.

CLINIC FORMAT: This clinic is for all levels, including competitors, non-competitors, coaches and instructors. Technical instructions are given by: 2001 Pacific Rim Championship, Champion, a former full-time Kodokan Judo Institute instructor and Ne-Waza Expert and author of the Judo Ne-waza book “Komlock”, Sensei Koji Komuro. Questions will be allowed during the Q&A session and when appropriate during the training part of the seminar.

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.

There is no videotaping of the clinic. Anyone attempting to videotape or record the clinic will be removed from the premises. Still pictures are allowed.

“Komlock” Ne-Waza book by Sensei Koji Komuro will be available for sale at the clinic.



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Registration Form

Koji Komuro Judo Clinic – Ne-Waza Seminar
USA Judo Sanction # 2016-120-10

Sunday October 2, 2016

(Please Print Clearly)

Name: _____ Sex: _____ Dojo / Club: _____

Check One: Kid's Judo 12 years old and under: _____ Teens/Adults 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 with the registration form.



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Judo Training Center



Payment Information

Limited space available

Contact us at info@ocjudo.com or (714) 455-3660 to confirm your reservations

Online Registration available at:

<https://squareup.com/store/ocjudo>

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

Kids

**\$30.00 Kids Seminar only, \$75.00 Includes “Komlock” Ne-Waza book
(Parents at the Kids Seminar are free)**

Teens/Adults

\$50.00 Teens/adults Seminar only, \$95.00 Includes “Komlock” Ne-Waza book

Spectators

\$25.00 Spectator Seats, 15 seats available

(Free Spectator seats with purchase of “Komlock” Ne-Waza book by Koji Komuro.)

\$45.00 “Komlock” Ne-Waza Book by Koji Komuro



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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 KOJI KOMURO JUDO CLINIC, RELATED EVENTS AND ACTIVITIES OF THE UNITED STATES JUDO ASSOCIATION, UNITED STATES JUDO FEDERATION, USA JUDO, CALIFORNIA JUDO INC., KOJI KOMURO, 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. I also understand that photos, videos and any images taken at this event/clinic/seminar may be used for advertising, promotion or other publicity and marketing.
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., Koji Komuro, Orange County Judo Training Center, instructors, staff together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees and/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: _____