

## Ju no Kata Clinic – 1<sup>st</sup> 3 sets

USJF Sanction Number: # 19-01-08

Date: Sunday, January 27, 2019

**Time**: Registration: 8:30 - 9:00 AM

Clinic: 9:00 pm - 12:00 pm

Where: Black Swamp

2564 Parkway Plaza Maumee, OH, 43537

France Glaze cell no# 1-419-350-1505

**FEES:** \$25

## Clinician: Frances Glaze, Rokudan

Chair, Konan Board of Examiners; IJF-Judge, USA Judo "A" Judge, USJF "A" Teacher (in all 7 Katas), and a former International Kata competitor.
Assisted by select Board of Examiners

**ELIGIBILITY:** All contestants must **present** a valid U.S.J.I., U.S.J.F. or U.S.J.A card <u>at the workshop site</u>. <u>If you cannot produce a card, in order to participate, you will need to purchase a membership on site</u>. Foreign contestants must have the proper ID from their home country.



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NAME:				
ADDRES	SS:			
CITY:		STATE:	ZIP:	
PHONE: BIRTH DATE		BIRTH DATE:		
CLUB:	RANK:			
AGE:	GENDER:	PRIMARY USJI, USJF, USJA (circle one) # Ex	xp. Date:	
JUDO C	ANADA PASS	PORT #		
	☐ Vision Lo	ccommodation is needed (check off appropriate box) ss/Blindness	ng	

## 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., Frances Glaze, Konan Board of Examiners, and the Black Swamp Judo Club, 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., Konan Judo Association, Inc., Judo Affiliates of Michigan, Inc., Frances Glaze, Konan Board of Examiners, and the Black Swamp Judo Club, 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.

NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.				
Participant	Participant's Signature	Date		
	L GUARDIANS OF PARTICIPANTS R AGE 18 AT TIME OF REGISTRAT			
This is to certify that I, as parent/legal in his/her release, as provided above, of all agree to indemnify and hold harmless the or participation including litigation expert of the minor child's participation in these extent permitted by law. I have instruct ramifications.	the Releasees, and, for myself, my heirs, Releasees from any and all liabilities increases, attorney fees, loss, liability, damage programs as provided above, even if aris	, assigns, and next of kin, I release and cident to my minor child's involvement or costs which may incur as the result sing from their negligence, to the fullest		

Parent/Legal Guardian's Signature

Date Form 514, V6.0.0, 090818

Parent/Legal Guardian