

# NEW COMPETITION RULES CLINIC

## USA JUDO, Inc. Sanction # 00119

Date: February 12, 2022  
Time: 3pm to 6pm  
Purpose: To provide an overview of the new IJF rules, and common modifications for local and regional tournaments.  
Clinician: Gary Takemoto, IJF-A Olympic Referee  
Costs: \$25 Clinic Fee  
Where: San Gabriel Judo Dojo  
5019 Encinita Ave, Temple City, CA 91780  
Attire: Business Casual  
Hosted by: San Gabriel Judo Dojo

- All participants must provide proof of current membership to USA Judo, USJF, USJA, and ATJA.
- Face masks must be worn at all times when inside the facility.
- Proof of vaccination or Negative Covid Test Results must be presented upon arrival.
- Limited Capacity. Please pre-register by February 10th to teachnjudo@gmail.com

Name of Participant:

FIRST MIDDLE LAST  
☐ Male ☐ Female Date of Birth DAY MONTH YEAR Age: Rank/Belt Color:

Address NUMBER AND STREET

CITY STATE ZIP

HOME TELEPHONE MOBILE TELEPHONE

FAX E-MAIL

USA Judo # USJF# USJA# ATJA# Exp Date:

Name of Judo club

Emergency Contact

PHONE & E-MAIL

Address NUMBER AND STREET

CITY STATE ZIP

### IF ASSISTANCE/ACCOMMODATION IS NEEDED (Check appropriate box):

☐ Vision Loss / Blindness

☐ Hearing Loss / Deafness

Type of assistance/accommodation requested or name of person assisting:

For Official Use Only:

☐ \$25 for 1 participant ☐ \$40 for 1 Family

Total Amount Due: ☐ Cash ☐ Venmo ☐ PayPal ☐ Check #

## 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 USA Judo/United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Nanka Judo Yudanshakai, Inc., San Gabriel Judo Dojo, ATJF, and the San Gabriel Japanese Community Center, **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 USA Judo/United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Nanka Judo Yudanshakai, Inc., San Gabriel Judo Dojo, ATJF, and the San Gabriel Japanese Community Center, 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 GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK 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's Printed Name

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.

Participant's Printed Name

Participant's Signature

Date