

# MARTI MALLOY JUDO CLINIC



## Come learn from the best...

Legacy Martial Arts academy in conjunction with Ohio Judo Inc is proud to present Marti Malloy. Marti is a 2012 Olympic Bronze Medallist, World Silver Medallist, 5x National Champion and multiple time international medallist. Marti is an expert at both standing and ground techniques. She will be sharing some of her best techniques from both.

There will be both a Junior and Senior session. There will also be a SPECIAL WOMENS SESSION prior to the start of the Senior session where Marti will share her experiences in her experiences as a professional female athlete.

**When:** September 28, 2019

**Where:** KETTERING REC CENTER  
2900 Glengarry Dr  
Kettering, OH, 45429

**Time:** Juniors 9:30-11:00am  
Junior Open Mat 11am-12pm  
WOMENS SESSION 12:30-1pm  
Seniors 1:30-3:30pm  
Senior Open Mat 3:30-4:30pm

**Other:** An open mat session for both Juniors and Seniors will held immediately following each clinic.

**Contact:** any question please contact  
[INFO@LEGACY-OHIO.COM](mailto:INFO@LEGACY-OHIO.COM)

**Ohio Judo Inc. presents**  
**MARTI MALLOY JUDO CLINIC**

Date: **Saturday - September 28, 2019**

Place: Kettering Recreation Center – Multi-Purpose Room (Map Attached)  
2900 Glengarry Drive  
Kettering, Ohio 45429  
937-296-2587

Sanction: USA Judo #: 22419

Eligibility: Current membership in the **USA Judo, USJF, USJA, ATJA or AJJF** required  
(Applications available at the clinic including short term registration for \$20)

Sponsor: Ohio Judo, Inc

Event Information: Russ Scherer (937) 427-5836 e-mail: rschererjudo@gmail.com

**Schedule:**

Registration (Juniors): **9:00AM-9:30AM** (Please pre-register and prior to the clinic – SAVE)

Junior's Clinic: 9:30AM-11:00 AM

Open Mat for Juniors: 11:00AM-12NOON (optional)

Registration (Seniors): **12NOON-1:00PM** (Please pre-register and prior to the clinic – SAVE)

Special Women's Session: 12:30PM-1:00PM

Senior's Clinic: 1:30PM–3:30PM

Open Mat for Seniors: 3:30PM-4:30PM

Participation Fee: \$45 [ if payment received by **9/21/2019**]

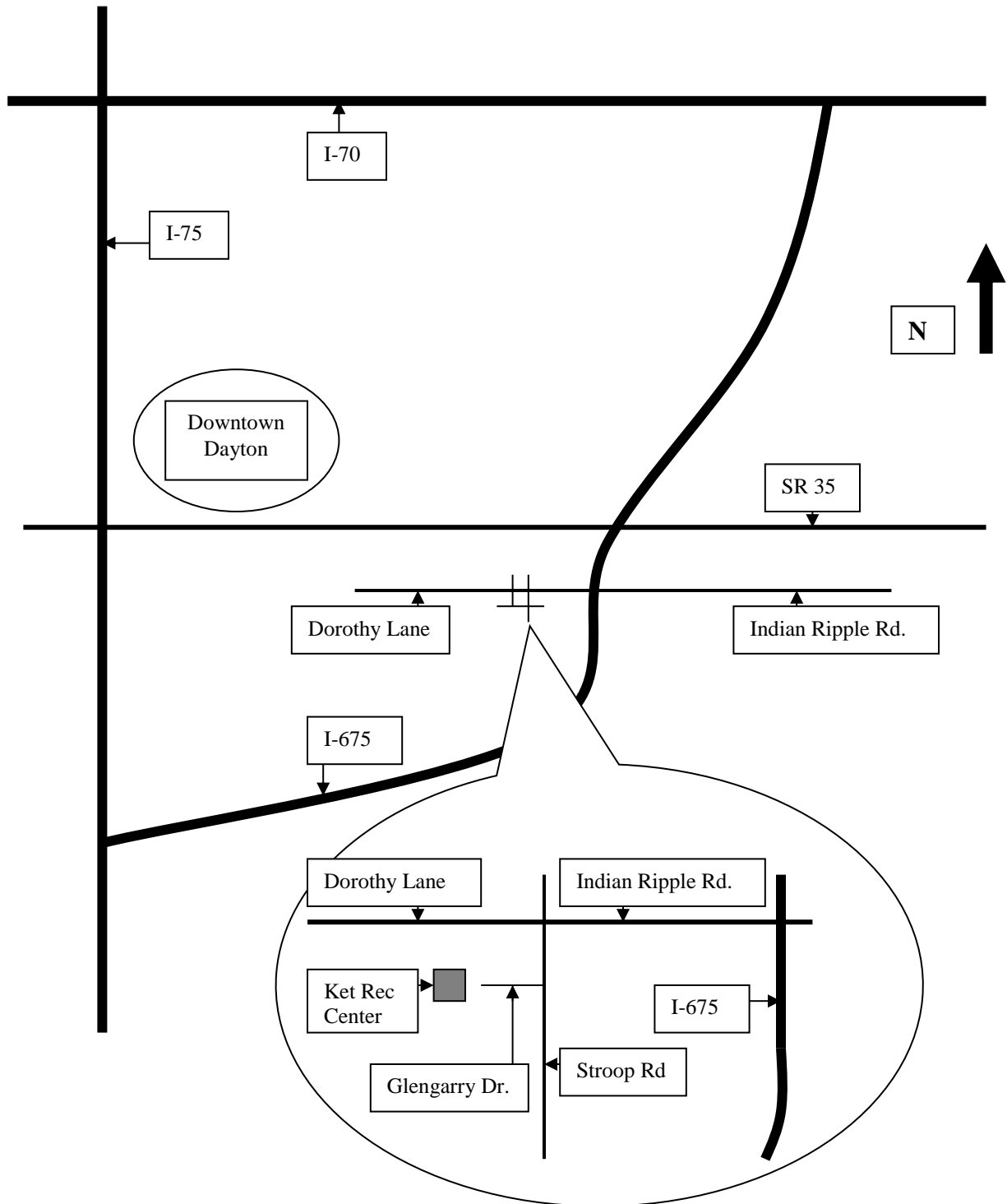
(each session) \$60 [after 9/21/2019]

additional \$10 for Special Women's Session (12:30PM-1:00PM) {Note:  
Junior Girls may also register for this special session}

(\$5 discount to OJI members whose club is currently registered with OJI)

[make checks payable to Ohio Judo, Inc. and send with Registration Form & Liability Waiver to:  
OJI, 510 Silvercrest Terrace, Beavercreek, OH 45440]

**Map to Kettering Recreation Center, 2900 Glengarry Drive, Kettering, OH**



**NOTE: Please Park in the “Water Park Parking Lot and use the southwest entrance to the Rec Center**

**Ohio Judo, Inc.**  
**MARTI MALLOY JUDO CLINIC**  
Kettering Recreation Center, Kettering, Ohio

**Registration Form**

*Please Print Clearly*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Rank: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Approx. Weight \_\_\_\_\_

Current Age \_\_\_ E-MAIL Address \_\_\_\_\_

Club: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

USA Judo#: \_\_\_\_\_ Expires: \_\_\_\_\_

USJF#: \_\_\_\_\_ Expires: \_\_\_\_\_

USJA#: \_\_\_\_\_ Expires: \_\_\_\_\_

ATJA#: \_\_\_\_\_ Expires: \_\_\_\_\_

AJF#: \_\_\_\_\_ Expires: \_\_\_\_\_

Please note Judo Insurance must be current. The Event Director reserves the right to make any changes necessary for the successful operation of the event. Please remember to sign the Waiver on the reverse side of this form.

Registration Fee Enclosed:

Junior Clinic - \$ \_\_\_\_\_

Senior Clinic - \$ \_\_\_\_\_

Special Women's Session - \$ \_\_\_\_\_ (Junior Girls may also attend  
this session)

**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 Marti Malloy Judo Clinic and related events and activities of **USA Judo, United States Judo Association, United States Judo Federation, ATJA, AJJF, Ohio Judo, Inc., City of Kettering, Kettering Recreation Center,** and the **Kettering Rec Center Judo Club,** I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.

2. Agree 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 condition(s) and refuse to participate.

3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due not only my own actions, inactions or negligence, but also to the action, inaction 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, permanent disability or death.

5. Release, waive and discharge and covenant not to sue the **USA Judo, United States Judo Association, United States Judo Federation, ATJA, AJJF, Ohio State Judo, Inc., City of Kettering, Kettering Recreation Center,** and the **Kettering Rec Center Judo Club,** together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers, and, if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability or death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee 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 RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY ON 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

\_\_\_\_\_  
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 Releases, 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 (Please Print)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date