



WARNING, WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

All previous forms are obsolete and should not be used.

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Toll Free Number: (877) 411-3409 Telephone: (719) 633-7750 Fax: (719) 633-4041
Web site: www.usja-judo.org Email: membership@usja-judo.org

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 of the **United States Judo Association, Inc., United States Judo Federation, Inc., United States Judo, Inc., State Governing Body, Charleston Martial Arts, Palmetto Jujitsu & Healing Arts Academy, Tom Reiff, Tom Ryan**

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 conditions 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 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 risk 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, discharge and covenant not to sue the **United States Judo Association, Inc., United States Judo Federation, Inc., United States Judo, Inc., State Governing Body, Charleston Martial Arts, Palmetto Jujitsu & Healing Arts Academy, Tom Reiff, Tom Ryan**

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, guardians, supervisors and coaches, sponsoring agencies, sponsor 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 claims, demands, losses or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence 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 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 PARENTS/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (Print)

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 by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent's/Guardian's Name (Print)

Parent's/Guardian's Name Signature

Date