

Tomodachi Judo Event – Official Entry Form

<input type="checkbox"/> Cash	\$ _____
<input type="checkbox"/> Check	# _____
<input type="checkbox"/> Weight (kg)	_____

Event Name **Event Date**

Contestant Last Name (please print!) **First** **MI**

Belt color/ Rank **Birth Date** **Age** **Club Name** **Male**
 Female

Division to compete in
 Shiai Ne Waza (Grappling) 2nd Division
 Master Division (30 yrs and older) Senior Division Youth Division (under 17yrs)

Membership Information:

USA Judo USJA USJF Other organization: _____

Membership #: _____ **Expiration Date:** _____

Contestant must provide proof of current membership or copy of application for new/renewal of membership!

Personal Information:

Street Address **Email**

City **State** **Zip** **Telephone**

Parent/Guardians Contact Info **Coach**

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators, waive and release all rights and claims for damages I may have against the Tomodachi Judo Club and all other participants and this events officials and employees, representatives or assignees, including United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., City of Boca Raton & Greater Boca Raton Park District, City of Boynton Beach, Boynton Beach Parks and Recreation, City of Delray Beach, Delray Beach Police Department, Congress Middle School, Atlantic High School and Palm Beach County School Board for damages or injuries which may be suffered by me as a result of attending, participating in, practicing for or traveling to or from this event.

I hereby authorize the following named person(s) _____ to act in my behalf in any an all matters requiring parental consent for my child (contestant named above if under 18 years of age) during the period of this event. This authorization includes rendering and accepting any and all official medical care and well being of my child during the period of this event.

Contestant's Signature (minor and adult) **Date**

Parent/Guardian's Signature (for contestants under 18 years old) **Date**

Please make checks payable to: Tomodachi Judo
2534 SW 12 Street, Boynton Beach, FL 33426
Waiver on reverse side must also be completed!

Entry form on reverse side must also be completed!

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 any judo tournament, practice, clinic, and related events and activities of the United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., Congress Middle School, Atlantic High School, Palm Beach County School Board, City of Boca Raton & Greater Boca Raton Park District, City of Delray Beach, Delray Beach Police Department, City of Boynton Beach, Boynton Beach Parks & Recreation, Florida Judo Association, and Tomodachi 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 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 to not only my own actions, in-actions, or negligence, but also to the actions, in-actions, 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, discharge and covenant not to sue the United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., Congress Middle, Atlantic High, Palm Beach County School Board, City of Boca Raton & Greater Boca Raton Park District, City of Delray Beach, Delray Beach Police Department, City of Boynton Beach, Boynton Beach Parks & Recreation, Florida Judo Association, and Tomodachi 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, guardians, 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 hereinafter referred to as "Releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and 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 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.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date