

50th State Judo Association & Judo Black Belt Assn of Hawaii
Shintaro Nakano - 2 Day Clinic & Japan Olympic and National Team Clinic
SANCTION # 20-01-06

Dates: January 3 – 4, 2020

Date: January 5, 2020

Time: 9 am – 12 pm
Ages: 8 years old and above
Intermediate level & Above
Location: Hawaii Tokai Inter College
91-971 Farrington Hwy
Kapolei, HI 96707
CLINICIAN: Shintaro Nakano

Time: 2:00 pm to 3:30 pm
8 years old and above
Intermediate level & Above
Location: St. Louis High School McCabe Gym
3142 Waiialae Ave
Honolulu, HI 96816
Kosei Inoue. Japan Olympic and National Team

HOST: 50th State Judo Association & Judo Black Belt Assn of Hawaii
CURRICULUM: Warm-ups, drills, lessons, uchikomi, nagekomi, randori.
ELIGIBILITY: Must present current USJF, USJA or USA Judo card

EVENT: Shintaro Nakano - 2 Day Clinic on January 3 & 4, 2020 and Kosei Inoue. Japan Olympic and National Team on January 5, 2020

In consideration of the acceptance of my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all rights and claims for damages and losses which I may have or which may hereafter accrue to me against the 50th State Judo Association or its successors or assigns, for any and all injuries which may be sustained and suffered by me or my children in connection with my association with or entry in the 50th State Judo Association event, or which may arise out of my traveling to, participating in, and returning from such event.

PARTICIPANTS INFORMATION:

Contestant's Name: _____ Phone: _____
(Please Print) Last First MI

Address: _____ Apt #: _____ City: _____ Zipcode: _____

Birthdate: ____/____/____ Age: _____ Rank: _____ Sex: M / F

Organization: ____ 50th State Judo Assn. ____ Judo Black Belt Association of Hawaii ____ Hawaii State Judo Assn.

USJF, USJA, or USA Judo #: _____ Expiration Date: _____

Head Instructor's Name: _____ Club Representing: _____

EMERGENCY INFORMATION:

EMERGENCY CONTACT: _____ PHONE NO: _____
(Name - First & Last)

(Signature of parent or guardian of Participant) contestant under 18 years of age.

AMERICANS WITH DISABILITIES ACT COMPLIANCE

Assistance/accommodation is needed for: Vision Loss/Blindness Hearing Loss/Deafness

Type of assistance/accommodation requested _____

Name of person assisting _____

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., 50th State Judo Association, Inc., Judo Black Belt Association of Hawaii, Hawaii Tokai International College, Saint Louis High School. Precision Grappling, and the Leeward 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., 50th State Judo Association, Inc., Judo Black Belt Association of Hawaii, Hawaii Tokai International College, Saint Louis High School. Precision Grappling, and the Leeward 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.

Participant

Participant's Signature

Date

**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's 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/Legal Guardian

Parent/Legal Guardian's Signature

Date