For official use only- ❑ Proof of age ❑ Entry fee ❑ Novice ❑ Advanced Weight _____

Mail this form along with your check to: Judo America, 8621 Andromeda Road, San Diego CA 92126

REGISTRATION FORM- Please print

Name (First, Middle, Last)_____

Address _____ City _____ Zip_____

Home phone # _____ Birth date _____

Email address_____

Coach or instructor _____ Club_____

Judo rank _____ Jujitsu rank _____ Jujitsu style_____

Emergency contact _____ Relationship _____ Phone #_____

DECLARATION OF SKILL LEVEL AND EXPERIENCE

I, _____, a judo/jujitsu instructor, certify that the above registered student is of sufficient aptitude and skill in ground grappling to compete in **Mat Madness** hosted by Judo America. Based on the definitions of the divisions, I further certify that the above student is a:

❑ Novice- less than one year grappling or Judo green belt and below

❑ Advanced- more than one year grappling or Judo brown belt and above

_____ _____

Signature of instructor Date

LIABILITY WAIVER

In consideration of being permitted to participate in any way, including travel to and from, in any tournament, practice, clinic and related events and activities of the U.S. Judo Association (USJA) and JUDO AMERICA, I hereby:

1. Agree that prior to participating, I will inspect the mats, the facilities and equipment to be used. If I believe that anything is unsafe, I will immediately advise the coach or supervisor of such conditions and refuse to participate.

2. Acknowledge and fully understand that I will be engaging in a contact sport that might resolve in serious injury, including permanent disability or death, and severe social and economic losses due not only to my own action, inaction or negligence, but also to the action, inaction or negligence of others, the rules of the sport of Judo, or the 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.

3. I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability or death, because I am aware of the risks involved in the sport of Judo. Furthermore, I understand that I shouldn't rely on the USJA or JUDO AMERICA to provide any medical or other insurance.

4. Release, waive, discharge and covenant not to sue the USJA and JUDO AMERICA, its administrators, directors, agents, coaches, and other employees of the organization, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from any and all liability to each of the undersigned, his or her heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

5. Parents or legal guardians of minor participants additionally agree that they will instruct the minor participant as to the above warnings and conditions and their ramifications, and that they consent to the minor's participation.

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.

_____ _____

Participant's signature Date