

**WARNING!**

**WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE**  
**(Including Limited Co-Ed Competition for Age 10 and Under for USJA Sanction)**

*In consideration of being permitted to participate in any way, including Travel to and from, the Grants Pass Judo Tournament and related events and activities of United States Judo Association, United States Judo Federation, United States Judo, Inc., North Valley High School, Three Rivers School District, Grants Pass Judo Club, River City Martial Arts, Brighton Academy 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, 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, permanent disability, or death.*
- 5. Release, waive, discharge and covenant not to sue the United States Judo Association, United States Judo Federation, United States Judo, Inc., North Valley High School, Three Rivers School District, Grants Pass Judo Club, River City Martial Arts, Brighton Academy, 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.*

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*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.*

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*Parent/Guardian's Printed Name* *Parent/Guardian's Signature*      *Date*

**OFFICIAL ENTRY FORM**  
**Grants Pass Judo Club\* River City Martial Arts**  
(Please Print)

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Last name                      First                      MI

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Address                                      City                                      State                      Zip

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Age                      Weight                                      (circle)    Male    Female

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Home phone                      Name of Emergency Contact                      Phone

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Rank                                      Club Name

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USJA Card #                      USJF Card #                      USJI Card #                      Other

**IF MINOR (UNDER 18 YEARS OF AGE) MUST HAVE PARENT/GUARDIAN CONSENT**

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Print Name (Parent/Guardian)                      Signed (Parent/Guardian)                      Date

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Name                                      Rank

Required: NON BLACK BELT COMPETITORS IN BLACK BELT POOLS: I certify that the above  
contestant, though no having been awarded the rank of Shodan, is sufficient aptitude and skill on Judo to  
compete in the matches with Shodan (or higher) under Black Belt Rules.

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Instructors signature                      Print name of Judo Instructor                      Rank

Instructors Rank by: (circle one)

USJA    USJF    USJI