

HOKKA KATAME NO KATA CLINIC
SPONSORED BY SACRAMENTO JUDO CLUB

Your Judo Club is cordially invited to participate in the HOKKA KATAME NO KATA CLINIC hosted by Sacramento Judo Club. This clinic is open to all levels of judokas from age 8 and above. We look forward in seeing you at the clinic. USJF Sanction number: 20-01-14.

CLINICIANS – ANNA FERNANDEZ- Sandan, JENNIFER TU- Shodan, AND WILINA MONAR- Yondan

DATE: Sunday, January 26, 2020
TIMES: Registration 9am – 10am
Katame No Kata 10:00 am – 12:30 pm (2.5 hrs)
Lunch 12:30 pm – 1:30 pm
Katame No Kata 1:30 pm – 3:30 pm (2.0 hrs)

LOCATION: Sacramento Judo Club
2875 Fruitridge Road
Sacramento, California 95820
1-916-452-5836 dojo
1-916- 893-7080 (cell)- Mac Takeda

ELIGIBILITY: This event is open to all USJF, USJA and USA Judo members. A current membership card or proof of primary membership registration from the USJF, USJA or USA Judo will be required to participate and must be displayed to the registration personnel at the time that the participant registers. If an individual cannot produce their current membership card or proof of current membership, they must purchase membership in USJF in order to participate. Responsibility for reimbursement of membership fees for those who have previously registered remains that of the individual.

ENTRY FEE: \$30.00
Cash or checks payable to Sacramento Judo Club

CERTIFICATE: A certificate of participation will be issued.

INFORMATION: Contacts: Mac Takeda- 1-893-8090 (I-phone)

HOKKA KATAME NO KATA CLINIC

Sunday, January 26, 2020

Sacramento, California 95820

USJF Sanction #: 20-01-14

OFFICIAL ENTRY FORM

NAME: _____
Last First MI

ADDRESS: _____
Number & Street City State Zip

DATE OF BIRTH: _____ AGE: _____ WEIGHT: _____ SEX: Male ___ Female ___

JUDO RANK (Belt Color): _____ Kyu Level: _____ Dan Level: _____

NUMBER OF YEARS / MONTHS IN JUDO: _____ YEARS: _____ MONTHS: _____

USJF# _____ USJI# _____ USJA## _____ INSURANCE
EXP. DATE: _____

EMERGENCY CONTACT: _____

ADDRESS: _____ CELL TELEPHONE#: _____

CLUB/DOJO NAME: _____

SENSEI/COACH: _____

AMERICANS WITH DISABILITIES ACT COMPLIANCE

If assistance/accommodation is needed (check off appropriate box):

- Vision Loss/Blindness Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: _____

**CERTIFICATE REGARDING PARTICIPANT'S ABILITY
(MUST BE COMPLETED BY ALL NON-BLACK BELT CONTESTANTS)**

I, (name of instructor) _____, a Judo instructor, who has been awarded the rank of Shodan or higher, under the auspices of the United States Judo, Inc., the United States Judo Federation, or the United States Judo Association hereby certify that (participant) _____ although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to participate in the **2020 Hokka Katame No Kata Clinic**.

Signature of Judo Instructor Printed Name of Judo Instructor Judo Rank Date

Signature of Parent/Guardian (If participant is under 18 years of age) Date

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., Hokka Judo Yudanshakai, Inc., California Judo, Inc., Rick & Kim Archueta, and the Sacramento 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., Hokka Judo Yudanshakai, Inc., California Judo, Inc., Rick & Kim Archueta, and the Sacramento 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