

2012 Kime no Kata CLINIC AND CERTIFICATION

September 22, 2012

<p>USJF Sanction Number: 12-09-10</p> <p>CERTIFICATION</p> <p>Through: <u>USJI and USJF</u></p> <p>Kime no Kata</p>	<p>ELIGIBILITY: Participants at clinic must be members of USJI, USJF or USJA. Candidates who are applying for kata judge certification with either USJI or USJF must be members of the respective organization. Must present current membership card.</p>
<p>LOCATION:</p> <p>Cloverleaf Recreation Center</p> <p>8525 Friendsville Rd</p> <p>Lodi, Ohio 44254</p> <p>Time: 4pm to 7pm</p>	<p>CLINIC FEE:</p> <p>Fee: \$40.00</p> <p>Check Payable to: <u>IWJA</u></p> <p>.</p> <p><u>TESTING FEES</u></p> <p>USJI Testing Fee & Certification Fee: \$ 25.00</p> <p>USJF Testing Fee: \$ 10.00</p> <p>Certification Fee: Class A-\$20.00, Class B-\$15.00, Class C-\$10.00</p>
<p>CLINIC INFO and CONTACTS:</p> <p>Deborah Fergus defrgs6@att.net</p> <p>Frances Glaze fmgglaze@yahoo.com</p> <p>Julee Cope juleecope@hotmail.com</p>	<p>Head Clinician: Sensei Frances Glaze, Rokudan</p> <ul style="list-style-type: none">• USJF Class A Instructor all 7 Kata• USJI Class A Judge all 7 Kata• International Kata Champion,• World Master Kata Champion• Chair of Konan Promotion Board• USJF & USJI Kata Committee member

**2012 Kime no Kata CERTIFICATION AND KATA CLINIC
REGISTRATION FORM AND WAIVER
SEPTEMBER 22, 2012**

USJF Sanction Number: 12-09-10

Official Use Only, Please Do <u>NOT</u> write in this box! Paid: _____ Membership Ins. Verified: _____

First Name: _____	Last Name: _____	
Judo Club: _____	Instructor: _____	
Phone: _____	Email: _____	
Home Address: _____		
City: _____	State/Prov.: _____	Zip: _____
Birth Date: _____	Rank: _____	
NGB: USJF, USJI, USJA (circle one) other _____		Member Number: _____
Expiration Date: _____		

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

Vision Loss/Blindness _____ Hearing Loss/Deafness _____

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

Host Hotel: Comfort Inn
4949 Park Ave. West
Seville, OH 44273

<http://www.comfortinn.com/hotel-seville-ohio-OH096/Hotel-Map>

Remember you reserve by Sept. 7, 2012 to receive this rate and **must Mention “Judo Championship” when you reserve.**

2 night minimum at this Rate also includes hot breakfast in the morning

All rooms are equipped with Refrigerators, microwaves, coffee makers, irons and blow dryers. Amenities include wireless internet, heated Jacuzzi jet pool (nice big real pool), exercise room and laundry room for your convenience.

We know you these accommodations will make you feel right at home.

Rates: \$60/night + Tax, 2 adults or 2 adults with children (additional adult's 18yrs. +\$10 ea.).

Suites: \$85.00/night + Tax, 2 adults or 2 adults with children (additional adult's 18yrs. +\$10 ea.).

If we get 20 or more rooms booked we be comped the conference room for a group gathering place.

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., Konan Judo Yudanshakai, Inc., Cloverleaf Recreation Center, Chu to Bu Judo Club, International Women's Judo Alliance, and the Toledo-Maumee 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., Konan Judo Yudanshakai, Inc., Cloverleaf Recreation Center, Chu to Bu Judo Club, International Women's Judo Alliance, and the Toledo-Maumee 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