Referee Clinic
Gary Takemoto, Clinician
USJF Sanction Number: 15-10-15

Referee Workshop

Date:  October 10, 2015

Time:  Registration;  4:00 pm
       Clinic:  4:30 pm – 7:00 pm

Where:  West Catholic High School
        1801 Bristol Ave.
        NW Grand Rapids, MI
        49504

Cost:  $20 for registered referees who participate in the Women's or GLO
       $30 non-referees

Clinician:  Mr. Gary Takemoto, Rokudan IJF ‘A’

ELIGIBILITY: All contestants must present a valid U.S.J.I., U.S.J.F. or U.S.J.A card at the workshop site. If you cannot produce a card, in order to participate, you will need to purchase a membership on site. Foreign contestants must have the proper ID from their home country.

Location of West Catholic High School, Grand Rapids
Referee Clinic
Gary Takemoto, Clinician
USJF Sanction Number: 15-10-15

This page left Blank
West Catholic High School  
1801 Bristol Ave.  
NW Grand Rapids, MI  
49504

<table>
<thead>
<tr>
<th>NAME:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td></td>
</tr>
<tr>
<td>CITY:</td>
<td>STATE:</td>
</tr>
<tr>
<td>PHONE:</td>
<td>BIRTH DATE:</td>
</tr>
<tr>
<td>CLUB:</td>
<td>RANK:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE:</th>
<th>GENDER:</th>
<th>PRIMARY USJI, USJF, USJA (circle one) #</th>
<th>Exp. Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>JUDO CANADA PASSPORT #</th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>LEVEL OF REFEREE CERTIFICATION:</th>
<th></th>
</tr>
</thead>
</table>

If assistance/accommodation is needed (check off appropriate box)  
☐ Vision Loss/Blindness ☐ Hearing loss/Deafness ☐ Other _________________________________  
Type of assistance/accommodation requested or 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., Konan Judo Yudanshakai, Inc., Saito Dojo, and the Birmingham YMCA, 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., Saito Dojo, and the Birmingham YMCA, 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.

__________________________________ ______________________________ _________________
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