

# Konan Promotional Workshop – Part 2

USJF Sanction Number: 23-03-01

Date: Sunday March 3, 2023

This workshop will review the requirements for promotion focusing on Sankyu and above techniques. The previous workshop focusing on Rokyu and Gokyu techiques will be found on the Konan Website.

**Time**: Registration: 12:30 pm - 1:00 pm

Workshop to commence starting at 1:00 pm

Location: Shojin dojo

29223 Southfield Rd., Southfield, MI, 48086

248-358-0121

This workshop will be streamed via zoom – for those who want to participate please email and register with Chris Reid, Konan President at <u>liqidtensn@hotmail.com</u> Registration protocols will still need to be followed.

Workshop Entry Fee: \$20.00 USD

### Clinician:

Francis Glaze, Shichidan Chairperson Konan Board of Examiners IJF-Judge, USA Judo "A" Judge, USJF "A" Teacher (in all 7 Katas), and a former International Kata competitor

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



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Shojin dojo 29223 Southfield Rd. Southfield, MI, 48086

NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	BIRTH DATE:	
CLUB:	RANK:	
AGE: GENDER: PRIMARY USJI,	USJF, USJA (circle one) #	/Exp. Date:
JUDO CANADA PASSPORT #		
If assistance/accommodation is r  ☐ Vision Loss/Blindness ☐ He  Type of assistance/accommodat		

### 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., Konan Judo Association, Inc., Judo Affiliates of Michigan, Inc., Shojin Judo, Inc, and Frances Glaze, and the officers, employees, volunteers, and agents, 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, including United States Judo Federation, 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 (Releasees), 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., Konan Judo Association, Inc., Judo Affiliates of Michigan, Inc., Shojin Judo, Inc., Frances Glaze, 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.

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	
=	LEGAL GUARDIANS OF PARTICIPANTS O UNDER AGE 18 AT TIME OF REGISTRATI		
his/her release, as provided above agree to indemnify and hold harn or participation including litigation of the minor child's participation	t/legal guardian with legal responsibility for this e, of all the Releasees, and, for myself, my heirs, alless the Releasees from any and all liabilities incin expenses, attorney fees, loss, liability, damage on these programs as provided above, even if arising instructed the minor participant as to the above	assigns, and next of kin, I release and dent to my minor child's involvement or costs which may incur as the result ng from their negligence, to the fullest	

Participant's Signature

Date 507, V7.0.0, 210312.docx

**Participant** 



# UNITED STATES JUDO FEDERATION

### **Medical Committee**

Mailing Address: Telephone: PO Box 338 (541) 889-8753

41) 889-8753 (541) 889-5836

FAX:

Internet: www.usif.com

Ontario, OR 97914-0338

# **USJF Medical Committee - COVID Update 10/2022**

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

### **Testing:**

- 1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
- 2. COVID testing is not a requirement from the USJF national office
- 3. Testing may be required at the discretion of the event medical director, depending on local conditions
- 4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

#### **Vaccinations:**

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. <u>However, COVID-19 vaccines are highly encouraged.</u>

### **Masking:**

- 1. Masking should follow local/state health department guidelines
- 2. There is no masking requirement from the USJF national office

#### **Symptom Screening:**

- 1. Symptoms screening, visitor logs, or temperature checks are not required
- 2. Symptom screening may be performed at the discretion of the head sensei, or event medical director
- 3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

#### Hygiene:

- 1. Continue to sanitize/wash hands frequently
- 2. Clean mats and equipment regularly

### **Returning to Activity after COVID Infection:**

- 1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines:
  - https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html [cdc.gov]
- 2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
- 3. If you have any questions or concerns, please consult your personal physician

MedCommCOVID221009.docx Page 1 of 1