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2017 Swain Judo Workshop

Accident Waiver and Official Entry Form

Sanction No. 17-09-11

Date Friday, September 15, 2017

Time 6:00 PM - 8:00 PM

Contact Portland Judo, Roy Kawaji 503-961-2696

Clinician Michael Swain

Curriculum Warm-ups, drills, uchikomi, nagekomi, randori.

Location Portland Judo. 2335 NW 23rd Place Portland, OR 97210

Eligibility Must present current USJF, USJA or USJI card.

Cost \$30 per participant.

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Assistance/accommodation is needed for:

Name of person assisting ___

Type of assistance/accommodation requested

Name	Phone		
Street Address			
City			
Gender Weight lbs Bi	rthdate	Age	Rank
Membership (circle one) USJF USJA USA	A Judo I.D. #		Exp. Date
Dojo/Club/Team		_ Head Instructor	
Emergency Contact Person		Phone Number	
Accident Waiver Form In consideration of the acceptance of my administrators and assigns, waive, release and losses which I may have or which ma Portland Judo or its successors or assigns me or my children in connection with my a which may arise out of my traveling to, page	e and forever discharg y hereafter accrue to s, for any and all injur association with or en	ge any and all rights me against the 50th ies which may be su try in the 50th State	and claims for damages State Judo Association and ustained and suffered by Judo Association event, or
PRINT NAME of participant	SIGNATURE of	f participant	Date
PRINT NAME of instructor verifying participants age & competence		f instructor verifying ge & competence	Date
Americans with Disabilities Ac	t Compliance		

☐ Vision Loss/Blindness

☐ Hearing Loss/Deafness

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., 50th State Judo Yudanshakai, Inc., Portland Judo Club, Portland Judo North, and the Renzo Gracie Academy Portland, 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., 50th State Judo Yudanshakai, Inc., Portland Judo Club, Portland Judo North, and the Renzo Gracie Academy Portland, 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

Participant	Participant's Signature	Date
	EGAL GUARDIANS OF PARTICIPANTS OF PARTICIPANTS OF THE STATE OF THE STA	
to his/her release, as provided release and agree to indemnify child's involvement or partici which may incur as the result	ent/legal guardian with legal responsibility for the above, of all the Releasees, and, for myself, may and hold harmless the Releasees from any and pation including litigation expenses, attorney for the minor child's participation in these proto the fullest extent permitted by law. I have in	ny heirs, assigns, and next of kin, all liabilities incident to my minores, loss, liability, damage or costs ograms as provided above, even in
arising from their negligence, the above warnings and condit		participant up to