WOFA JUDO CLUB JUDO SCRIMMAGE (USJA Sanctioned Event)

WHEN: Saturday, April 29, 2023

WHERE: North Valley High School

6741 Monument Drive Grants Pass, Oregon 97526

TIME ... Weigh in 8:00 am - 10:00 am

Start time 11:00 am

- Shime Waza 13 yrs. and up,
- Arm Bars, brown & black divisions only
- 12 yrs. and under, no Double Knee Drop, no Golden Score, Hantei will be called
- Pre-2003 Medical Rule for all divisions
- All matches 3 minutes, Golden Score 2 minutes
- Medals for 1 st, 2nd and 3 rd places
- Master's Division for over 40 yr olds
- All Referees and Contestants must have current USJA or USJF membership and current insurance (USJA Registration available at tournament.) IJF Rules as modified.

Mail entries must be received by April 26, 2023.

Entree Fee \$30.00, additional division \$15.00

Entries must include name, rank, age, weight, gender, signed current waiver form Entree Fee refundable two days prior to tournament only. Blue GI's not required.

Mail entries to: Dave Gowers, POB 520, Selma, OR 97538

Make checks payable to "WOFA Judo Club"

Tournament Director: Dave Gowers

Phone: (541) 660-9661 Email: dave@dgenqineerinq.com

Sr. Technical Advisor: Sensei Robert Gustafson

Head Referee: Sensei Robert Gustafson

WARNING! WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

(Including Limited Co-Ed Competition for Age 10 and Under for USJA Sanction)

In consideration of being permitted to participate in any way, including travel to and from, the WOFA Judo Club Tournament and related events and activities of United States Judo Association, United States Judo Federation, North Valley High School, Three Rivers School District, WOFA Judo Club, I hereby:

- 1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
- 2. Agree 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. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also due 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, permanent disability, or death.
- 5. Release, waive, discharge and covenant not to sue the United States Judo Association, United States Judo Federation, North Valley High School, Three Rivers School District, WOFA Judo Club, together with their affiliated clubs, their respective administrators, directors, agents, coaches and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used to conduct the event (all of whom are hereinafter referred to as "Releasees") from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law.

1 HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT 1 GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 1 AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. 1 AFFIRM THAT 1 AM AT LEAST 18 YEARS OF AGE, OR, IF 1 AM UNDER 18 YEARS OF AGE, 1 HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant's Printed Name

Participant's Signature

Date

FOR PARENT/GUARDIAN OF PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION).

This is to certify that I, as parent/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 the above named minor child's involvement or participation in this program/event 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/Guardian's Printed Name Parent/Guardian's Signature Date

OFFICIAL ENTRY FORM

WOFA Judo Club, USJA Sanctioned Event

(Please Print)

Last Name		First Name			
Address		City	State	Zip	
Email:					
Date of Birth	Age	Weight	(circle sex) N	M F	
Home/cell Phone	Name of Emo	ergency Contact	Emerg	Emergency phone	
Club Name		Rank			
USJA Card #	USJF Card #			Other	
MINORS (under 18 year of age)	MUST HAVE PA	RENT/GUARDIAN CO	NSENT		
Print Parent/Guardian Name		Signature of Parent/Guardian Date		Date	
NON BLACK BELT	COMPETITORS	S IN BLACK BELT PC	OOLS (required pe	ermission)	
Contestant Name			Rank		
I certify that the above contestan and skill in Judo to compete in the	, .	•	ŕ	ficient aptitude	
Print Instructor's Name		Signature of Judo Instruc	etor Instruct	or Rank	
Instructor's Membership: (circle	one)	USJA	US	GJF USJ	