Judo Kata Clinic

Kodokan Goshin Jutsu (Judo Self Defense Kata) Saturday, Oct. 12, 2024 Eugene, Oregon

Presented by Sensei Mike Purcell (7 dan), DeLynn Purcell (6 dan), Mikey Sjerven (6 Dan), & Dave Jackson (3 Dan)



Join us for a day of training devoted to studying judo's newest kata! Developed in 1956, Kodokan Goshin Jutsu includes 21 techniques to defend against "modern day" attacks - such as grabs, strikes, knife, stick, and pistol.

- Clinic Fee \$50 (Lunch included)
- ALL skill levels welcome, ages 12 adult
- \bullet Open to current members of the USJA or USJF. Must present current membership card.
- Register at the event
- Registration Opens at 9:30 am / Clinic 10:00 5:00 / Lunch 1:00
- Potluck dinner at 6:00

Sanctioned by the United Stated Judo Federation - Sanction # 2024-10-01

Hosted by Best Martial Arts Institute

Clinic Location - 795 Almaden Street, Eugene, OR 97402

More info: senseibest@gmail.com 541-345-0684 www.bmai.org

Kodokan Goshin Jutsu Clinic

with

Instructor's from Columbia Judo Dojo in Kennewick, WA Sensei Mike Purcell (7 dan), Delynn Purcell (6 dan), Mikey Sjerven (6 dan), & Dave Jackson (3 dan)

> Saturday, October 12, 2024 10:00 a.m - 5:00 p.m. Best Martial Arts Institute 795 Almaden Street, Eugene, OR

Registration Form

Name	Email		
Address	City		
StatePhone #	Dojo		
Judo Organization (check one) USJAU	SJFMembership #		
Membership Expiration DateJudo Rank			
If assistance/accommodation is needed (check off appropriate box):	☐ Vision Loss/Blindness ☐ Hearing Loss/Deafness		
Type of assistance/accommodation requested or name of person assisting:			
Please list any dietary restrictions or food allergies:			

Clinic fee - \$50 (This includes lunch at the dojo)

Cash or checks accepted. Make checks payable to BMAI

Membership in a national judo organization is required to participate.

If you are not a current member, you can register now (or renew your membership) through the organization's website:

United State Judo Association (www.usja.net) - \$75 per year

United States Judo Federation (www.usjf.com) - \$70 per year / \$25 for a 1-month membership

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.**, **Northwest Judo Yudanshakai**, **Inc.**, **Best Martial Arts Institute**, 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., Northwest Judo Yudanshakai, Inc., and Best Martial Arts Institute,** 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)			
to his/her release, as provided aborelease and agree to indemnify and child's involvement or participation which may incur as the result of	egal guardian with legal responsibility for this ove, of all the Releasees, and, for myself, my d hold harmless the Releasees from any and on including litigation expenses, attorney fe the minor child's participation in these prohe fullest extent permitted by law. I have instead their ramifications.	y heirs, assigns, and next of kin, I all liabilities incident to my minor es, loss, liability, damage or costs grams as provided above, even if	

Parent/Legal Guardian

Parent/Legal Guardian's Signature

Date



UNITED STATES JUDO FEDERATION

Medical Committee

Mailing Address:Telephone:FAX:Internet:PO Box 338(541) 889-8753(541) 889-5836www.usjf.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

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