Official Entry Form

Intermountain West Judo Championships

Utah Judo, Inc. Sanction #163190
Sat. September 21st 2019

Official Entry Form

Name_____ Phone (_____)_____

Address_____

City/State/Zip_____ Date of Birth_____

Dojo_____Rank_____Weight_____Age_____M/F__

Insurance Provider/Proof of Registration USJI/USJF/USJA#_____

THIS APPLICATION MUST BE ACCOMPANIED BY A RELEASE FORM

CERTIFICATE REGARDING NON-BLACK BELT PARTICIPANTS
(non-black belts in senior divisions)

I, _____, a Judo Instructor who has been awarded the rank of Shodan or higher under the auspices of US Judo, Inc., US Judo Federation or US Judo Association, hereby certify that _____, although not having been awarded the rank of Shodan or higher, is of sufficient aptitude and skill in Judo to participate in the above named Judo event. I also certify that this participant has successfully achieved his/her rank in a USJI, USJF, or USJA affiliated Judo Dojo.
PLEASE ATTACH A COPY OF INSTRUCTOR'S RANK CERTIFICATE.

_____ _____
Participant Signature Date

_____ _____
Instructor Signature Date

_____ _____
Parent or Guardian Signature Date
(if under 18 years of age)

FOR TOURNAMENT OFFICIAL USE ONLY
Insurance Verified by_____ Entry Fee Verified by_____

Completed Forms Verified by_____Sr./Jr._____

M/F_____ Age_____ Weight_____ Division_____

Multiple Divisions (Y/N) _____ All individual division forms Included (Y/N)____

Number of Divisions? _____

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, the Intermountain West Judo Championships Saturday, September 21st, 2019, and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association,The Riverbend Arena Sports complex., Utah Judo, Inc.,, all employees and volunteers. 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 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, Inc., United States Judo Federation, United States Judo Association, Riverbend arena sports complex., Utah Judo, Inc.,, 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 "releasee", 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 releasee or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK 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/ GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant's Printed Name Participant's Signature Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 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 my minor child's involvement or 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.

Participant's Printed Name Participant's Signature Date