

**MIRAMAR OPEN**  
**Saturday, April 25, 2009**  
**“Sanctioned by USA Judo”**

**MIRAMAR ENRICHMENT CENTER**  
**7000 Miramar Parkway Miramar, FL**

**Head Referee: Hector Estevez**

**Weigh-In at Venue:**

Friday, April 24<sup>th</sup> from 6PM to 8PM

Saturday, April 25<sup>th</sup> from 8AM to 11AM

**Mandatory Weigh-In for Junior Novice on Friday, April 24<sup>th</sup> or  
Club Weigh-In (must be received by Friday at 6PM)**

**Novice Competition:** Begins at 11 AM

**Novice:** Junior White & Yellow Division / Senior White to Green Division

**Divisions:** 5, 6, 7-8, 9-10, 11-12, 13-14, 15-16 Light, Medium & Heavy

Seniors Men & Women – Light, Medium & Heavy

**\*Tournament Director Reserves the Right to Make Changes as Needed**

**Rules:** IJF (Modified), No Blue Gi Required (have white & blue belt)

**Tournament System:** Double Elimination

**Matches:** 3 Minutes Juniors/5 Minutes Seniors

No Shime Waza Allowed Under 13

No Kansetsu Waza Under 17

**Eligibility:** Current USA Judo, JF, or JA Member

**Awards:** 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place Medals

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place Team Trophies

**Pre-Register - \$40 (\$50 Cash at the Door)**

***Make Checks Payable To: Vigness Judo***

**Send Entry To:**

**5712 SW 103<sup>rd</sup> Avenue**

**Cooper City, FL 33328**

**Contact: Bobby Vigness (954) 448-2820 / [bkkmvigness@bellsouth.net](mailto:bkkmvigness@bellsouth.net)**



**DIVISION CHANGE AUTHORIZATION**

In the event that my child, \_\_\_\_\_, a minor, is the only entry in their division, or if my child wishes to compete in another division, I authorize the following option(s) in order to change my child's competitive division. I understand that if my child is less than 13 years old, and moves up into a 13 – 14 year division, he / she may be choked to submission. I understand that if my child is less than 17 years old, and moves up into a Youth / Senior division, he / she may be joint locked to the elbow to submission. I understand these added risks and acknowledge that I have discussed these with my child and my child is familiar with submission protocol which can minimize, though not eliminate, the risks involved.

Note: Failure to check an option will result in the assumption that #4 was implied and therefore will be in effect if required.

Please check all that you authorize:

- \_\_\_\_\_ 1. I authorize that my child may move up one weight group, up to a 15% weight differential, within the same age group.
- \_\_\_\_\_ 2. I authorize that my child may move up one age group and will be separated according to the entries in that group.
- \_\_\_\_\_ 3. I authorize that my child may move up from the novice group to the advance group within their age / weight group.
- \_\_\_\_\_ 4. I do not authorize my child to move up in weight division, age group, or experience level. I understand then that if my child has no one else in their division they will receive an automatic 1<sup>st</sup> place award without competing.

\_\_\_\_\_  
Parent / Guardian's Printed Name

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**POWER OF ATTORNEY**

If contestant is under the age of 18, this document must be completed by the contestant's parent or legal guardian, if the parent is not attending the MIRAMAR OPEN.

I certify that I am the parent or legal guardian of \_\_\_\_\_, a minor. I will not be in attendance at the  
*Name of Competitor*

MIRAMAR OPEN and do hereby designate \_\_\_\_\_, who is over 21 years of age, to be my  
*Name of Designee*

true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or exercise through any person and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

\_\_\_\_\_  
Parent / Guardian's Printed Name

\_\_\_\_\_  
Parent / Guardian's Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS**

I, \_\_\_\_\_, a Judo instructor, who has been awarded the judo rank of Shodan or higher, recognized  
*Name of Instructor*

by the United States Judo, Inc, United States Judo Federation, or United States Judo Association, hereby certify that,  
\_\_\_\_\_, although not having been awarded the Judo rank of Shodan or higher, is of sufficient  
*Name of Competitor*

aptitude and skill in Judo to compete in the MIRAMAR OPEN. A copy of my proof of rank (rank certificate or my USJI membership card having the verification symbol "(V)" printed following my rank) is attached.

\_\_\_\_\_  
Judo Instructor's Printed Name

\_\_\_\_\_  
Judo Instructor's Signature

\_\_\_\_\_  
Date

**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 of the **United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Florida Judo Inc., and MIRAMAR JUDO CLUB, VIGNESS JUDO and ROBERT I. VIGNESS,** 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 Inc., United States Judo Association Inc., Florida Judo Inc., and MIRAMAR JUDO CLUB, VIGNESS JUDO and ROBERT I. VIGNESS,** 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 (please print 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.

Parent/Guardian (please print name)

Parent/Guardian's Signature

Date