

2006 Judo Technical Official Training Clinic
Sponsored by Florida Judo, Inc.
Hosted By
Central Florida Judo & Jujitsu

- Sanction:** FJI 0006-06, USA Judo 2006-057
- Date:** October 7, 2006 (Saturday)
- Time:** 11:30 AM to 4:00 PM
- Location:** Central Florida Judo Dojo
248 Hatteras Ave.
Clermont, FL 34711
Dojo Phone: (352) 243-2777
- Cost:** Your time (NO CLINIC FEE)
- Clinic Director:** Sensei Bill "Dancing Bear" Andreas
e-mail: SenseiJudo@aol.com
- Clinicians:** Mike New and David J. Ellis
Local Technical Official Chairpersons for 2006 US Open
- Special Clinician:** Rachel New (2006 Spirit of Tai Yosheda Award Winner for her work as a technical official)

For more information contact Sensei Bill Andreas at SenseiJudo@aol.com or call him at (352) 243-2777

2006 Judo Technical Official Training Clinic

PLEASE FILL OUT THE BELOW INFORMATION:

Name: _____ Circle one: Male Female

Date Of Birth.: _____ Age: _____

Address: _____
Street City State Zip Code

Telephone # _____ E-mail address: _____

Club Name: _____

Head Club Sensei: _____ Sensei E-mail address: _____

Club Address: _____
Street City State Zip Code

USJI Card# _____ Expiration: _____

USJA Card# _____ Expiration: _____

USJF Card# _____ Expiration: _____

Are you planning on helping us out at the 2006 US Open as a technical Official (Circle One)? Yes No

IF YES, what day(s) would you be able to help and requested position(s):

Fri, Oct. 20 (Circle One) YES NO

Sat., Oct. 21 (Circle One) YES NO

Sun., Oct. 22 (Circle One) YES NO

Requested Position(s): _____

Have you worked as a Technical Official before (Circle One)? Yes No

IF YES, which position(s) and what tournaments/dates:

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, 2006 Judo Technical Official Training Clinic, and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, Florida Judo Inc., Central Florida Judo & Jujitsu, Seminole County Judo, and Samurai Judo & Jujitsu, 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, Florida Judo Inc, and Central Florida Judo & Jujitsu, Seminole County Judo, and Samurai Judo & Jujitsu, 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.

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