

#1 TOURNAMENT in the NATION!

14th ANNUAL JUDO WINTER NATIONALS®



JUNIORS - SENIORS - MASTERS - SPECIAL NEEDS - KATA - COACHES - REFEREES

SATURDAY DECEMBER 7th, 2019

EVERYONE MUST PRE-REGISTER!

--- [LINK to ONLINE REGISTRATION](#) ---

We Expect 800+ Competitors - Register Early!

Look for Session Number with Match Numbers to be published in advance Online!

Felix Event Center

[Azusa Pacific University](#)

701 E. Foothill Blvd. Azusa, CA 91702

with **COACH & REFEREE CLINICS**

FRIDAY DECEMBER 6th, 2019

at [Goltz Judo](#)

1700 Danbury Rd. Claremont, CA 91711

[JudoWinterNationals.com®](#)



Tournament Director - Gary Goltz Head Referee - Gary Takemoto
Assistant Tournament Director - O.J. Soler

Inquiries - Contact Tony Farah, (951) 288-5296, tony@farahfamily.com

Vendor Booths Available - Contact Genaro Bugarin, (909) 762-4299, bbugarin2@yahoo.com

Special thanks to Dr. Dennis Hannon for providing the tournament's physician team

Tournament is the Official Referee Testing & Evaluation Site sponsored by Nanka



2019 JUDO WINTER NATIONALS®

Saturday December 7th

VENUE: [Azusa Pacific University](#), Felix Center, 701 E. Foothill Blvd. Azusa, CA 91702
(Suggest those flying in use ONT- Ontario International Airport)

REFEREE MEETING: 7:30 AM – This the Official Testing & Evaluation Site for Nanka and we will be using the Care System, *Referees - bring your radios!*

KATA & SPECIAL NEEDS: 7:30 AM – Competitors in these divisions, be ready on time.

OPENING CEREMONIES: 9:00 AM *THERE WILL BE NO SAME DAY REGISTRATION!*

AWARDS: High quality medals for 1st, 2nd, and 3rd Place; Top Club Awards based total medals earned; (1st = 5 points, 2nd = 3 points, 3rd = 1 point)

ELIGIBILITY: USJA, USJF, & USA Judo current members, (USJA Sanctioned)

HOST HOTEL: [Comfort Inn](#), by ONT, 1811 E. Holt Blvd., Ontario, CA 91761, (909) 605-0700

REGISTRATION FEES:

Shiai: \$90.00 (\$10 discount for additional family members) includes official tournament t-shirt received by Thursday November 29th then goes up to \$100.00 until closure at 6:00 PM Thursday December 5th. Please add \$40.00 for each additional approved division.

Kata: \$60.00 per person includes official tournament t-shirt must be received by Thursday November 29th then goes up to \$75.00 until closure at 6:00 PM Thursday December 5th. Please add \$30.00 per person for each additional katas.

DO NOT SEND FORMS BY REGULAR MAIL AFTER NOV. 26th

INSTEAD SEND AS OVERNIGHT DELIVERY OR REGISTER ONLINE

\$5 spectators (at the door), parking is free.

PLEASE MAKE CHECKS TO GOLTZ JUDO - CREDIT CARDS ACCEPTED

MAIL ALL ENTRIES, CLINIC FORMS, & FEES TO:

2019 Judo Winter Nationals®
Attention: Tony Farah
P.O. Box 470
La Verne, CA 91750
(951) 288-5296
tony@farahfamily.com

WEIGH-IN & LATE REGISTRATION: Thursday, December 5th, 2019

12:00 PM to 6:00 PM [Goltz Judo's Dojo](#), 1700 Danbury Rd. Claremont, CA 91711

Players can also weigh-in at any one of our approved satellite preregistration / weigh-in sites. Check JudoWinterNationals.com for a list of these official sites as we get closer to the tournament. If you're club is interested in being a satellite preregistration / weigh-in site, please contact; Tony Farah at the above address to review the required expectations, thanks.

Tournament officials reserve the right to perform random weight checks!

2019 JUDO WINTER NATIONALS® DIVISIONS

JUNIORS Non-Novice (Orange Belts and Higher*) and Novice (White & Yellow Belts)

5-6 (Boys & Girls)	19Kg	23Kg	28Kg	+28Kg				
7-8 (Boys & Girls)	23Kg	27Kg	31Kg	35Kg	+35Kg			
9-10 (Boys & Girls)	26Kg	30Kg	34Kg	38Kg	43Kg	+43Kg		
11-12 (Boys & Girls)	28Kg	31Kg	34Kg	38Kg	42Kg	47Kg	52Kg	+52Kg
13-14 (Boys & Girls)	36Kg	40Kg	44Kg	48Kg	53Kg	58Kg	64Kg	+64Kg
15-16 (Boys)	50Kg	55Kg	60Kg	66Kg	73Kg	81Kg	90Kg	+90Kg
15-16 (Girls)	40Kg	44Kg	48Kg	52Kg	57Kg	63Kg	70Kg	+70Kg

Note: All + Divisions may include a large difference in weight.

(Contestants in the + divisions always have the option of not playing and getting a refund.)

Tournament organizers reserve the right to change the weight groups as needed.

SENIORS

Men's and Women's Brown & Black Belt (non-black belts must complete non-black belt waiver.)

- Men 55kg 60kg 66kg 73kg 81kg 90kg 100kg +100kg
- Women 44kg 48kg 52kg 57kg 63kg 70kg 78kg +78kg

No Senior Black & Brown Belt Division can compete in more than one weight class nor can they move up except for Men's 55kg & Women's 44kg who may compete in the next weight class.

There will also be Novice Senior Divisions. Pooling will be done by weight based on participation. Blue & Purple belts will be treated as equivalent to brown belts.

MASTERS

Men's & Women's Masters, pooling will be done by age and weight.

(If there's a small number of Masters Novice competitors, Masters Novice may be grouped with Seniors Novice.)

SPECIAL NEEDS

This group will be coordinated by Brian Money, bmoney@riversideca.gov or (951) 961-1570

KATA

This group will be coordinated by Kenji Osugi, kenji.osugi@sbcglobal.net or (310) 999-4588

We will be using Sessions and Match Numbers. Sessions and Pools Sheets will be posted at JudoWinterNationals.com Friday December 6th by approximately 3:00 PM.

Be sure to check your information and contact Tony Farah for any corrections.

THERE WILL BE ABSOLUTELY NO CORRECTIONS THE DAY OF THE TOURNAMENT

Pool Sheets will also have the approximate start time for your session.



Judo Winter Nationals®

Official Backpatch

(These are not required)

Order your own custom set today!

2019 JUDO WINTER NATIONALS®

--- [LINK to ONLINE REGISTRATION](#) ---

REGISTRATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION

DO NOT WRITE IN THIS SECTION. RESERVED FOR OFFICIAL USE ONLY

SEX _____ AGE _____ WEIGHT _____ (Kg) COLOR OF BELT _____ DIVISION _____

Cash _____ Check _____ Credit _____ Official Stamp _____

Contestant's First Name

Contestant's Last Name

Division Contested (Please fill out a separate registration form for additional divisions)

JUNIORS SENIORS NOVICE SENIORS (Brown & Black Belts) MASTERS KATA

Date of Birth / / Age Sex

Phone # Cell #

Address

City State Zip

Email

Dojo

Judo Rank / Belt Color Special Needs _____

Organization: USJA / USJF / USA Judo - # Exp. Date
(Circle Appropriate)

Please include photocopy of current membership card

Credit Card # _____ Exp. (Month/Year) _____ / _____ CVV _____ Zip _____

Emergency Contact _____ Phone () _____

Do you have a disability as recognized by the Americans with Disabilities Act as Amended? ___ Yes ___ No

Vision Loss/Blindness Hearing loss/Deafness Other _____

Type of assistance/accommodation requested or name of person assisting & contact info _____

KATA COMPETITORS LIST EACH KATA IN WHICH YOU WILL COMPLETE:

Kata	Tori or Uke	Men, Women, Co-ed	Junior (Under 17)	Novice (Juniors Only)	Partner's Name

(Add \$30 for each additional Kata Division)

2019 JUDO WINTER NATIONALS®

PLEASE CHECK THE APPROPRIATE BOXES

CONSENT FOR AGE/WEIGHT CHANGE (UNDER 18)

We, (I), the undersigned parent of _____ have been informed of the method of competition for the Judo Winter Nationals®.

We, (I), express our (my) consent that _____

- MAY be moved up into another weight bracket of competition of the same age
- MAY be moved into another age bracket of competition of the same weight
- MAY NOT be moved into another bracket

Signature of Contestant (over 18)

Date

Signature of Parent or Legal Guardian

Date

NON BLACK BELT WAIVER

(To be completed by all Non Black Belts in a division with Black Belts)

I, _____, a judo instructor who has been awarded the judo rank of Shodan or higher, under the auspices of one of the following organizations: United States Judo Association, United States Judo Federation, or United States Judo, Inc., hereby certify that

_____, although not having been awarded the judo rank of Shodan or higher is of sufficient aptitude and skill in judo to compete in the Judo Winter Nationals®.

Signature of Instructor

Rank

Date Signed

CODE OF CONDUCT / DAMAGE STATEMENT

This form certifies that the Contestant and her/his legal guardian(s) understand that emergency vehicle response to a false alarm may result in serious injury and loss of life, and that fine, imprisonment and other possible legal consequences may result from activating any false alarm in connection with participation in this tournament. In addition, charges assessed for a false alarm or for other damage to tournament and hotel facilities shall, together with all costs and fees incurred with collecting said charges, be the responsibility of the Contestant and/or her/his parent(s) /legal guardian(s) and home Dojo. In addition, the contestant and her/his legal guardian(s) understand that no food, drinks (except water), or coolers shall be allowed inside the tournament facility. All foods and drinks must be consumed outside in the designated areas. There is absolutely no smoking allowed anywhere on the facility grounds. Tournament security personnel will enforce this rule and will ensure that attendees discard such items before entering the facility. This provision has been explained to the Contestant, Parent(s)/Legal Guardian(s) and Coach.

Signature of Contestant (over 18)

Date

Signature of Parent or Legal Guardian

Date

Signature of Instructor

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 the 2019 Judo Winter Nationals® or in any Judo tournament, practice, clinic(s), and related events and activities ("Activity") of the **United States Judo Association, United States Judo Federation, USA Judo, Nanka Judo Yudanshakai, California Judo Inc., City of Claremont, Azusa Pacific University, Goltz Judo LLC, and Gary Goltz**, 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, 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 Association, United States Judo Federation, USA Judo, Nanka Judo Yudanshakai, California Judo Inc., City of Claremont, Azusa Pacific University, Goltz Judo LLC, and Gary Goltz**, I agree, 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 because 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 (Print Name)

Participant's Signature

Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's 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/Legal Guardian (Print Name)

Parent/Legal Guardian's Signature

Date

FREE AWARD WINNING DESIGNER T-SHIRT

(For all Preregistered Competitors)

#1 TOURNAMENT in the NATION!



CONTESTANT T-SHIRT ORDER FORM

T-Shirt Size _____

Additional Shirts - \$15.00

Quantity	Size	\$ Amount

Available in Youth Sizes: YS, YM, & YL Adult Sizes: S - 3XL

2019 JUDO WINTER NATIONALS®

RULES & MATCH TIMES

All matches will be conducted using the current IJF Contest Rules with these modifications:

- Full Double Elimination will be used with Round Robin used for divisions of 5 or less.
- Contestants divisions can be modified at the discretion of the tournament management.
- Rest periods between in cases of consecutive matches will be equal to the match time.

MATCH TIMES, AGE & RANKS EXCLUSIONS

Juniors (5 to 6 Years Old): Match Time - 2 Minutes*

Juniors (7 to 12 Years Old): Match Time - 3 Minutes*

Juniors (13-16 Years Old): Match Time - 3 Minutes*

- Proper double drop knee techniques are allowed
- No shime-waza (strangles) - under 13 Years Old
- No kansetsu-waza (arm locks) - all Juniors

Senior Novice (17 Years & Up): Match Time - 3 Minutes*

- No kansetsu-waza (arm locks)

Senior Brown/Black Belt (17 Years & Up): Match Time - 4 Minutes

All Masters (30 years and older) - 3 Minutes*

- Masters Novice may be grouped with Senior Novice due to the limited number of competitors

Pre-2003 Medical Rules will be observed in all divisions except Brown and Black Belt Divisions.

*(Limited Golden Score of 2 minutes, except for Senior Brown/Black Belt)

Please note that any competitor who suffers a concussion (as determined by the medical staff) and/or who loses consciousness from head impact will not be allowed to continue competing in the tournament that day, in any division. If a competitor suffers such an injury, they are strongly advised to obtain a medical release from their personal physician before returning to judo.

WHITE GIS MANDATORY, BLUE GIS OPTIONAL, EXCEPT for BROWN & BLACK BELTS
Contestants must bring their own white and blue belts
(These will be for sale at the tournament venue)

COACHING PASS APPLICATION FORM

Only currently nationally certified (USJA, USJF, or USA Judo) coaches will be allowed on the competition floor and to sit in the designated chairs. Applications must be received by December 5th, 2019. Late applications will be charged \$10.00 and 'walk-ups' will be charged \$20.00. Coaches must prominently display their official issued unexpired coaching photo ID badge at all times. (Only exception will be newly certified coaches who took the clinic on Friday, December 6th, 2019)

Printed Name: _____ Club: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Certified by: USJA USJF USA Judo Level: _____ Expiration Date _____

2019 JUDO WINTER NATIONALS® - Coach Certification Clinic



Friday December 6th, 2019 - 9:30 AM to 1:30 PM
[Goltz Judo's Dojo](#), 1700 Danbury Rd. Claremont, CA 91711

The clinic will be conducted by a local team of certified instructors under the direction of Manmohan Chima, Chair of the USJA Coaching Committee and will focus on Level 1 & 2 of the Coaching Certification Program including the latest SafeSport and CDC concussion updates. Successful completion of this clinic will satisfy the USJA Requirements for coach certification which is recognized by the USJF and USA Judo. Signed Coach Application Forms will be distributed at end of the clinic. All participants must be current members of the USJA, USJF, or USA Judo. Those who complete this clinic will be allowed coach access to the tournament. The fee for this clinic is \$50.00 payable to "Goltz Judo" (includes lunch on Friday) postmarked by November 30th then it goes up to \$75 to encourage pre-registration. Follow the [USJA Coach Certification Procedures](#) and fees upon completion of this course to obtain a coaching certificate and badge from the USJA. Current certified coaches are encouraged to audit this clinic as it will include many updates for a fee of \$20.00.

-----**REGISTRATION FORM**-----

--- [LINK to ONLINE REGISTRATION](#) ---

PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____ Sex: _____
Last, / First / MI

Birth Date: ____ / ____ / ____ Age: ____ Dojo / Club: _____

Address: _____
Street / City / State / Zip Code

Phone: (____) _____ Email Address _____

Check One: New Coach: ____ Renewing Coach Certification: ____ Observe: ____

Current Coach Level: _____ Organization: _____

Rank: _____ Rank ID Number: _____ Awarded By: _____

Do you have a disability as recognized by the Americans with Disabilities Act as Amended? ____ Yes ____ No

Vision Loss/Blindness Hearing loss/Deafness Other _____

Type of assistance/accommodation requested or name of person assisting & contact info _____

Emergency Contact: _____ Phone: (____) _____
Name

Address: _____
Street / City / State / Zip Code

Credit Card # _____ Exp. (Month/Yr.) ____ / ____ CVV ____ Zip _____

To order an event T-Shirt please use the box at bottom of Page 6

WARNING!

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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, 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 Association, United States Judo Federation, USA Judo, Nanka Judo Yudanshakai, California Judo Inc., City of Claremont, Azusa Pacific University, Goltz Judo LLC, and Gary Goltz**, I agree, 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 because 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 (Print Name)

Participant's Signature

Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's 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/Legal Guardian (Print Name)

Parent/Legal Guardian's Signature

Date

JUDO WINTER NATIONALS® - REFEREE TESTING & EVALUATION CLINIC



Friday December 6th, 2019 - 2:00 PM to 4:00 PM

The clinic will be conducted by Gary Takemoto and his team. It is open to all referees, coaches, and players. It is required for USA Judo National Level Referee Certification candidates. All qualified participants must be current members of the USJA, USJF, or USA Judo. The fee for this clinic is \$35.00 payable to "Goltz Judo" postmarked by November 30th then it goes up to \$50 to encourage pre-registration. It does not include any fees for USA Judo membership and or National Referee Certification.

-----REGISTRATION FORM-----

--- [LINK to ONLINE REGISTRATION](#) ---

PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____ Sex: _____
Last, / First / MI

Birth Date: ____ / ____ / ____ Age: ____ Dojo / Club: _____

Address: _____
Street / City / State / Zip Code

Phone: (____) _____ Email Address _____

Check One: New Referee: ____ Renewing Referee Certification: ____ Observe: ____

Current Referee Level: _____ Organization: _____

Rank: _____ Rank ID Number: _____ Awarded By: _____

Do you have a disability as recognized by the Americans with Disabilities Act as Amended? ____ Yes ____ No

Vision Loss/Blindness Hearing loss/Deafness Other _____

Type of assistance/accommodation requested or name of person assisting & contact info _____

Emergency Contact: _____ Phone: (____) _____
Name

Address: _____
Street / City / State / Zip Code

Credit Card # _____ Exp. (Month/Yr.) ____ / ____ CVV _____ Zip _____

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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, 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 Association, United States Judo Federation, USA Judo, Nanka Judo Yudanshakai, California Judo Inc., City of Claremont, Azusa Pacific University, Goltz Judo LLC, and Gary Goltz**, I agree, 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 because 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.

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Participant (Print Name)

Participant's Signature

Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's 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/Legal Guardian (Print Name)

Parent/Legal Guardian's Signature

Date