

RONDA ROUSEY JUDO CLINIC JULY 13TH & 14TH

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What are you doing after the 2009 USJF Junior Judo National Championships? Attend the Judo Clinic by: **Ronda Rousey** 2007 World Championships Silver Medalist and 2008 Olympics Bronze Medalist.

Open to all current USJF, USJA & USA members. **FREE** for the winners of the UNITED STATES JUDO FEDERATION or UNITED STATES JUDO ASSOCIATION 2009 Junior National Judo Championships. USJF Members \$10.00 for both days NON Members \$25.00 for both days

Sanctioned by: UNITED STATES JUDO FEDERATION

HOSTED BY:

City College of San Francisco Judo Club
CCSF Wellness Center: Room 205
50 Phelan Avenue
San Francisco, CA 94112

FOR MORE INFORMATION CONTACT:

Vinh Chung/CCSF JUDO
Tel: 650-585-2188
vin@kodokangear.com

DATE	TIME	CLINIC
Mon. July 13th 2009	2 PM – 4 PM	(Children 8-12 yrs.) Tachi-waza & Ne-waza
Mon. July 13th 2009	6:30 PM – 9 PM	(Intermediate 13 & older) Tachi-waza & Ne-waza
Tues. July 14th 2009	2 PM – 4 PM	(Children & Intermediate) Tachi-waza & Ne-waza
Tues. July 14th 2009	6:30 PM – 9 PM	Adult Tachi-waza

2009 Ronda Rousey Judo Clinic
OFFICIAL REGISTRATION FORM

Winner of USJF/ USJA Jr.	
Nationals:	FREE
[]	

USJF Members:	\$10.00
[]	
Non-USJF Members:	\$25.00
[]	
	Total: _____
Chk: _____	
Cash: _____	

DO NOT WRITE IN THE ABOVE SPACES: OFFICIAL USE ONLY

PLEASE PRINT ALL INFORMATION:

NAME: _____ DATE OF BIRTH: _____
_____/_____/_____
FIRST LAST

HOME ADDRESS: _____

CITY: _____ ZIP: _____ TELEPHONE: _____

JUDO CLUB: _____ INSTRUCTOR: _____

REGISTRATION USJF #: _____ Exp. Date: _____

CURRENT RANK (BELT COLOR): _____ KYU: _____

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 Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Central Coast Judo Yudanshakai, Inc., California Judo, Inc., San Francisco Community College District, City College of San Francisco, City College of San Francisco Physical Education Department, and the City College of San Francisco Judo Club**, 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 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Central Coast Judo Yudanshakai, Inc., California Judo, Inc., San Francisco Community College District, City College of San Francisco, City College of San Francisco Physical Education Department, and the City College of San Francisco Judo Club**, 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 in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees 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 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant

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

Parent/Guardian's Signature

Date