



Anchorage Judo Center Inc. Anchorage Dojo

(Anchorage Judo Center, Inc. DBA Anchorage Dojo)

WAIVER AND RELEASE OF LIABILITY CLASS REGISTRATION FORM

NAME _____ EMAIL _____

AGE _____ DOB _____ EDUCATION LEVEL _____

ADDRESS _____
Street / PO Box _____ City _____ State _____ Zip _____

TELEPHONE (home) _____ - _____ (office) _____ - _____ (other) _____ - _____

If you are a minor, please indicate your father's or mother's name beside the office number.

This information is used for emergencies as well as occasional contacts for special announcements, schedule changes, or special events.

EMERGENCY CONTACT PERSON(S) _____ (Phone #) _____ - _____

EMPLOYER & OCCUPATION _____
(Parent's or guardian's employer and occupation if participant is a minor)

MEDICAL INSURANCE: YES _____ NO _____

EXPLAIN ANY MEDICAL OR PHYSICAL CONDITION WHICH MAY AFFECT YOUR JUDO PARTICIPATION: _____

I understand that Anchorage Judo Center, Inc. is a non-profit corporation and that its dojo programs are organized and conducted entirely by a volunteer staff and that no part of any fee collected by the dojo is for the personal or private benefit of any such volunteer. No portion of any collected fees is for payment of instructors. Any accident or medical insurance coverage provided in partial consideration for payment of a registration fee to the dojo is subject to change by USJF or USJI, including cancellation by their carrier. *The present policy does not provide primary coverage and calls for a high deductible.*

➔CONTINUED ON OTHER SIDE◀

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 ANY JUDO TOURNAMENT, PRACTICE, CLINIC, AND RELATED EVENTS AND ACTIVITIES 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 Anchorage Dojo training facility as well as any other training or competition facility including such facilities' mats, equipment, 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 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 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. Engage in Judo practice, training, or competition entirely of my own free will. I understand the importance of and will follow the rules of the sport of Judo and all directions given me by my coaches and other Judo officials.
6. Certify that I am in good physical condition and have no disease, injury, or other condition that would impair my performance or physical and mental well being in intense physical practice, training, or competition.
7. Grant permission in case of injury to have a doctor, nurse, athletic trainer or other personnel provide me with emergency medical assistance or treatment for such injury, and agree to not return to Judo training or competition until approved to do so by my personal physician.
8. Release, waive, discharge and covenant not to sue United States Judo, Inc., United States Judo Federation, United States Judo Association, Alaska Judo, Inc., Northwest Yudanshakai, Anchorage Judo Center, Inc. (a.k.a. Anchorage Dojo), together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organizations, event officials, medical personnel, other participants, their parents, guardians, supervisors, sponsoring agencies, sponsors, advertisers, and owners, lessors, and lessees of premises used in conducting either or both training or competition, all of whom are hereinafter referred to as "releases", from 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 releases or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, AND I 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 ON 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 OR GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (Please Print)

Participant's Signature

Date

FOR PARENTS OR GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent or guardian with legal responsibility for this participant under the age of 18 years, do consent and agree to their release, as provided above, of all Releases, and for myself, my heirs, and next of kin, I release and agree to indemnify and hold harmless the Releases 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.

I also understand that my child will be removed from a class session if the sensei, coach, or instructor feels their behavior is increasing the risk of injury to my child or others present.

Parent or Guardian (Please Print)

Parent or Guardian Signature

Date