



2019 USA Judo Regional Training Camp

Hosted by Florida Judo Inc.

February 1, 2, and 3, 2019

Location: Somerset Academy

20805 Johnson Street

Pembroke Pines, FL 33029

Special Guest Coach Israel Hernandez

2X Olympic Bronze Medalist

Cost: \$45.00 for all 3 days or \$20.00/day fees payable to FJI.

Send entries c/o Falcon Judo Club 515 SW 71 Ave., Miami, FL 33144

Times: Friday 2/1/19 6:00pm-9:00pm

Saturday 2/2/19 morning session 10:00am-12:30pm

afternoon session 2:00pm-4:30pm

Sunday 2/3/19 10:00am-12:30pm

USA Judo Sanction Pending

**Application for 2019 USA Judo Regional Camp
February 1, 2, and 3, 2019**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Judo Club: _____

Membership #: _____ USA Judo, USJA, USJF, AJJF, ATJA (circle one)

Please Check Session(s) you will attend:

Friday 2/1/19 7:00pm-9:30pm

Saturday 2/2/19 morning session 9:30am-12:00pm

Afternoon session 2:30pm-5:00pm

Sunday 2/3/19 9:30am-12:00pm

Fees payable to: Florida Judo Inc.

Send entries c/o Falcon Judo Club 515 SW 71 Ave., Miami, FL 33144

Open Registration at the Camp

Cost: \$45.00 for all 3 days or \$20.00/day

Camp is free to all Seniors, Juniors and Cadets on the National Roster

Location: Somerset Academy 20805 Johnson St. Pembroke Pines, FL 33029



WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including travel to and from 2019 USA Judo Regional Training Camp related events and activities of the United States Judo Federation, Inc., United States Judo, Inc., United States Judo Assoc., Inc., Florida Judo Inc., ATJA, AJJF, School District of Broward County, Broward County School Board, Somerset Academy, or any other affiliated judo club, I hereby:

1. Acknowledge that I am familiar with sport Judo and understand the rules governing the sport of Judo.
2. Prior to participating, I will inspect the mats, equipment, facilities, camp area, if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, or a camp 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 traumatic brain injury, 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 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 & covenant not to sue the United States Judo Fed., Inc., United States Judo, Inc., United States Judo Assoc., Inc., Florida Judo Inc., ATJA, AJJF, School District, or School Board of Broward County, Somerset Academy together with their affiliated clubs, their respective administrators, directors, agents, coaches, 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 traumatic brain injury, 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 CONDITION 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 THE 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