DIVISION CHANGE AUTHORIZATION

In the event that my child, _____ , a minor, is the only entry in their division, or if my child wishes to compete in another division, I authorize the following option(s) in order to change my child's competitive division. I understand that if my child is less than 13 years old, and moves up into a 13 – 14 year division, he / she may be choked to submission. I understand that if my child is less than 17 years old, and moves up into a Youth / Senior division, he / she may be joint locked to the elbow to submission. I understand these added risks and acknowledge that I have discussed these with my child and my child is familiar with submission protocol which can minimize, though not eliminate, the risks involved.
Note: Failure to check an option will result in the assumption that #4 was implied and therefore will be in effect if required.

Please check ***all*** that you authorize:
_____ 1. I authorize that my child may move up one weight group, up to a 15% weight differential, within the same age group.
_____ 2. I authorize that my child may move up one age group and will be separated according to the entries in that group.
_____ 3. I authorize that my child may move up from the novice group to the advance group within their age / weight group.
_____ 4. I do not authorize my child to move up in weight division, age group, or experience level. I understand then that if my child has no one else in their division they will receive an automatic 1st place award without competing.

_____	_____	__/___/___
Parent / Guardian's Printed Name	Parent / Guardian's Signature	Date

POWER OF ATTORNEY

If contestant is under the age of 18, this document must be completed by the contestant's parent or legal guardian, if the parent is not attending the 2023 Florida Open Judo Championships.

I certify that I am the parent or legal guardian of _____, a minor.

I will not be in attendance at the 2023 Florida Open Judo Championships and do hereby designate _____ , who is over 21 years of age, to be my true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or exercise through any person and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

_____	_____	__/____ /____
Parent / Guardian's Printed Name	Parent / Guardian's Signature	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, 2023 Florida Open Judo Championship, and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, ATJF, AJJF, Florida Judo Inc., Somerset Academy, Volunteers, Academia Academy, Ft Lauderdale Convention & visiting Bureau, officials and Panther Judo Club/School and Panther Gym, 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. 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, ATJF, AJJF, Florida Judo Inc, Somerset Academy, Ft. Lauderddale Convention visiting Burea, Volunteers, staff, officials, and Panther Judo Club/School and Panther Gym, 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 "release", 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 release 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 Participant's Signature Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT TIME OF REGISTRATION)

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.

* MAAPP Policy: The Center for SafeSport has developed the Minor Athlete Prevention Policies (MAAPP) which USA Judo has adapted to our own sport. The MAAPP is a collection of proactive and training policies comprised of two parts; Education & Training Policy that requires training for certain Adult Participants and the
Required Prevention Policies, focused on limiting one-on-one interactions between Adult Participants and Minor Athletes to prevent abuse. The full MAAPP policy can be found at Safe Sport Program (teamusa.org).

_____ _____ _____

Parent/Legal Guardian Parent/Legal Guardian's Signature Date

If assistance/accommodations are needed(check appropriate box)
Vision Loss/Blindness Hearing Loss/Deafness
Type of assistance/accommodations request or name of person assisting_____