

# USA JUDO and JIJITSU FAMILY MEMBERSHIP WAIVERS

**FAMILY MEMBER #2 NAME:** \_\_\_\_\_

I certify that all of the above is true and I am eligible to be a member of USA Judo in accordance with the rules of USA Judo.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if applicant under 18:  
\_\_\_\_\_ Date: \_\_\_\_\_

I, the applicant, state that I am 18 years of age or over and agree to release, waive, and discharge, to the greatest extent permitted by law, USA Judo from or for all claims demands and causes of actions or any other liabilities which may arise by virtue of injuries or damages caused in conjunction with or arising out of membership with USA Judo and the action or lack thereof of USA Judo and agree that I know and understand the risks involved in the sport of Judo/Jujitsu and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo/Jujitsu.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I state that I am the parent(s) or legal guardian of \_\_\_\_\_ the applicant, a minor. I state that I have read and understand the foregoing waiver and release of liability agreement. I explained to the applicant that he/she is giving up substantial rights by signing tor submitting the application and instructing her/him of the ramifications and that I/we consent to the application's becoming a member of USA Judo and participating in Judo/Jujitsu practices, clinics and events sanctioned or sponsored by USA Judo.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILY MEMBER #3 NAME:** \_\_\_\_\_

I certify that all of the above is true and I am eligible to be a member of USA Judo in accordance with the rules of USA Judo.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if applicant under 18:  
\_\_\_\_\_ Date: \_\_\_\_\_

I, the applicant, state that I am 18 years of age or over and agree to release, waive, and discharge, to the greatest extent permitted by law, USA Judo from or for all claims demands and causes of actions or any other liabilities which may arise by virtue of injuries or damages caused in conjunction with or arising out of membership with USA Judo and the action or lack thereof of USA Judo and agree that I know and understand the risks involved in the sport of Judo/Jujitsu and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo/Jujitsu.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I state that I am the parent(s) or legal guardian of \_\_\_\_\_ the applicant, a minor. I state that I have read and understand the foregoing waiver and release of liability agreement. I explained to the applicant that he/she is giving up substantial rights by signing tor submitting the application and instructing her/him of the ramifications and that I/we consent to the application's becoming a member of USA Judo and participating in Judo/Jujitsu practices, clinics and events sanctioned or sponsored by USA Judo.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The above releases must be signed for the membership application to be valid.**

**FAMILY MEMBER #4 NAME :** \_\_\_\_\_

I certify that all of the above is true and I am eligible to be a member of USA Judo in accordance with the rules of USA Judo.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if applicant under 18:  
\_\_\_\_\_ Date: \_\_\_\_\_

I, the applicant, state that I am 18 years of age or over and agree to release, waive, and discharge, to the greatest extent permitted by law, USA Judo from or for all claims demands and causes of actions or any other liabilities which may arise by virtue of injuries or damages caused in conjunction with or arising out of membership with USA Judo and the action or lack thereof of USA Judo and agree that I know and understand the risks involved in the sport of Judo/Jujitsu and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo/Jujitsu.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I state that I am the parent(s) or legal guardian of \_\_\_\_\_ the applicant, a minor. I state that I have read and understand the foregoing waiver and release of liability agreement. I explained to the applicant that he/she is giving up substantial rights by signing for submitting the application and instructing her/him of the ramifications and that I/we consent to the application's becoming a member of USA Judo and participating in Judo/Jujitsu practices, clinics and events sanctioned or sponsored by USA Judo.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FAMILY MEMBER #5 NAME :** \_\_\_\_\_

I certify that all of the above is true and I am eligible to be a member of USA Judo in accordance with the rules of USA Judo.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if applicant under 18:  
\_\_\_\_\_ Date: \_\_\_\_\_

I, the applicant, state that I am 18 years of age or over and agree to release, waive, and discharge, to the greatest extent permitted by law, USA Judo from or for all claims demands and causes of actions or any other liabilities which may arise by virtue of injuries or damages caused in conjunction with or arising out of membership with USA Judo and the action or lack thereof of USA Judo and agree that I know and understand the risks involved in the sport of Judo/Jujitsu and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo/Jujitsu.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

I state that I am the parent(s) or legal guardian of \_\_\_\_\_ the applicant, a minor. I state that I have read and understand the foregoing waiver and release of liability agreement. I explained to the applicant that he/she is giving up substantial rights by signing for submitting the application and instructing her/him of the ramifications and that I/we consent to the application's becoming a member of USA Judo and participating in Judo/Jujitsu practices, clinics and events sanctioned or sponsored by USA Judo.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**The above releases must be signed for the membership application to be valid.**