



WOFA JUDO CLUB

1ST ANNUAL JUDO TOURNAMENT

WHEN: September 14, 2013

WHERE: North Valley High School
6741 Monument Drive
Grants Pass, Oregon 97526

TIME : Weigh in: 8:00 am - 10:00 am
Officials meeting: 10.30 am
Start time: 11:00 am

Tournament Director: Dave Gowers
(541) 660-9661
davegowers@dgengineering.com

Sr. Technical Advisor: Elie Morrell

Head Referee: Tim Reynolds

All Referees and Contestants must have current USJA, USJF, USA JUDO membership and insurance - USJA Registration available at tournament

IJF RULES AS MODIFIED

- Shime Waza 13 yrs. and up
- Kansetsu Waza brown & black divisions only
- 12 yrs. and under, no Double Knee Drop, no Golden Score
- All matches 3 minutes
- Master's Division 50 yrs. and up
- Current IJF medical rule for all divisions
- Medals for 1st, 2nd and 3rd places
- Grand Champion male/female brown/black belt only (no extra charge)
- Trophies for Grand Champions
- USJA sanctioned

REGISTRATION INFORMATION

- Mail entries to Dave Gowers, POB 520, Selma, OR 97538
- Make checks payable to Wayne Owen Fighting Arts or "WOFA".
- Mail entries must be received by September 12, 2013.
- Entree Fee \$15.00, additional division \$5.00
- Entries must include name, rank, age, weight, gender, signed current waiver form
- Entree Fee refundable day prior to tournament only.
- Blue GI's not required; GI control strictly enforced.

WARNING!
WAIVER AND RELEASE OF LIABILITY
AND AGREEMENT TO PARTICIPATE

(Including Limited Co-Ed Competition for Age 10 and Under for USJA Sanction)

In consideration of being permitted to participate in any way, including travel to and from, the WOFA Judo Club Tournament and related events and activities of United States Judo Association, United States Judo Federation, United States Judo, Inc., **North Valley High School, Three Rivers School District, WOFA 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 to not only my own actions, inactions or negligence, but also due 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 Association, United States Judo Federation, United States Judo, Inc., **North Valley High School, Three Rivers School District, WOFA 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 to conduct 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 and 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 RISK 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's Printed Name

Participant's Signature

Date

FOR PARENT/GUARDIAN OF PARTICIPANTS OF MINORITY AGE
(UNDER 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 the above named minor child's involvement or participation in this program/event 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's Printed Name

Parent/Guardian's Signature

Date