



Be Strong, Courageous, and Gentle

F.I.T. Class Registration Form

Today's Date: _____

Participant Information:

Name (First, MI, Last) _____

Date of Birth _____ Age _____ Sex Male Female

Address _____ City _____ Zip Code _____

Email Address _____

Cell or Home Ph: _____ Work Ph: _____

Medical Issues/Physical Limitations:

Do you have any medical or physical problems that we should be aware of?
(i.e. Asthma, epilepsy, heart problems, medication, allergies, or any limiting problems)

Have you suffered any major injuries in the past 2 years? If so, please explain.

Please indicate if you have any problems performing physical exercise.

Emergency Contact Information:

Emergency Contact _____ Relationship _____

Cell or Home Ph: _____ Work Ph: _____

Previous Judo Experience: No Yes If yes: Current Rank _____ Yrs Experience _____

How did you hear about HJC (circle one)? Internet Member Other _____



Be Strong, Courageous, and Gentle

Honolulu Judo Club Waiver and Release of Liability

NAME OF PARTICIPANT _____ DATE _____

CLUB: HONOLULU JUDO CLUB

PARTICIPATORY ACTIVITY: TRAINING SESSIONS

In consideration for 50TH STATE JUDO ASSOCIATION OF HAWAII, the HONOLULU JUDO CLUB, the CEDAR ASSEMBLIY OF GOD of HONOLULU, and GS INDUSTRIES, acceptance of my entry and for allowing me to participate in the Participatory Activity, I do hereby for myself, the Participant, my heirs, executors, and administrators waive, release, and absolutely and forever discharge the 50TH STATE JUDO ASSOCIATION OF HAWAII, the HONOLULU JUDO CLUB, the CEDAR ASSEMBLIY OF GOD of HONOLULU, GS INDUSTRIES and their respective officers, agents, representatives, successors, and assigns from and on account of any and all rights and claims for injuries of any kind whatsoever up to and including death, obligations, controversies, actions, causes of actions, liability and liabilities, demands, losses and damages (hereinafter collectively "Damages") which may be sustained and suffered as a result of any association with and/or entry in the Participatory Activity, including but not limited to any and all Damages arising out of traveling to, participating, and/or returning from such Participatory Activity.

I further understand and agree that the nature, extent and results of injuries, damages and losses resulting from participation in the Participatory Activity may not be known and anticipated, and the waivers and releases herein cover and are intended to cover all of the injuries, damages and losses resulting from said activities whether or not known or anticipated at this time.

And for the foregoing consideration I hereby covenant and agree to indemnify, defend and forever hold harmless 50TH STATE JUDO ASSOCIATION OF HAWAII, the HONOLULU JUDO CLUB, the CEDAR ASSEMBLIY OF GOD of HONOLULU, GS INDUSTRIES and their respective officers, agents, representatives, successors, and assigns against any and all liability, cost and expense resulting from any claim, demand, suit, action or cause of action (including claims of workers' compensation insurers, temporary disability insurers, medical insurers and no-fault insurers) which may be asserted by and/or on behalf of any person for injury or damage sustained by myself and/or the Participant arising directly out of the Participating Activities.

IN WITNESS WHEREOF, these presents have been duly executed this _____ day of _____, _____.

Participant's Name

Legal Guardian

Participant's Signature

Legal Guardian's Signature
(By signing above, you represent that you have the authority to sign for yourself and to bind the participant to the terms herein)

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, in any Judo tournament, practice, clinic, and related events and activities (“Activity”) of the **United States Judo Federation, Inc., 50th State Judo Association, Inc., Honolulu Judo Club, Cedar Assembly of God and GS Industries** 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. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, 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, including United States Judo Federation, together with their affiliated club, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event (Releasees), 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, illness, disease, permanent disability, or death.

5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., 50th State Judo Association, Inc., Honolulu Judo Club, Cedar Assembly of God and GS Industries**, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal 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 litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees 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.

Parent/Legal Guardian

Parent/Legal Guardian’s Signature

Date

HEALTH LIABILITY WAIVER

Infectious Disease & Illness:

____ I acknowledge that Honolulu Judo Club has put in place preventative measures to reduce the spread of COVID-19 and other infectious diseases, however Honolulu Judo Club cannot guarantee that I will not become infected with Covid-19 and other infectious diseases.

____ I understand that the risk of becoming exposed to and/or infected by COVID-19 and other infectious diseases may result from the actions, omissions, or negligence of myself and others.

____ I voluntarily seek services provided by Honolulu Judo Club and acknowledge that I am increasing my risk to exposure to COVID-19 and other infectious diseases.

____ I attest that I will not attend practice if experiencing any symptom of illness such as cough, difficulty breathing, fever, chills, headache, sore throat, upset stomach, or nausea/vomiting.

Injuries:

____ I understand that the F.I.T. (Falling is a Technique) Safe Falling Class at Honolulu Judo Club does not claim to teach me how to prevent falls and that the instructors and assistants are not medical professionals who are experts in fall prevention.

____ I understand that while participation in the class may help to minimize fractures and serious injury in case of a fall, it does not guarantee that a serious injury will not occur in the event that I may fall.

____ I understand that the class will involve physical activities such as exercises to improve flexibility, balance, and coordination and to strengthen core muscles, and attest that I am able to accomplish the physical requirements.

____ If I have any special medical concerns, I will check with my doctor and have their approval prior to participating in the class activities.

____ I understand that it is my responsibility to stop doing any activity at any time if I experience pain or discomfort, or if I judge an activity to be beyond my physical capability to safely execute, and that I will notify an instructor right away.

I hereby release and agree to hold Honolulu Judo Club harmless from, and waive on behalf of myself/my child any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/child that may be caused by any act, or failure to act of the Judo Club, or that may otherwise arise in any way in connection with any services received from Honolulu Judo Club, its instructors and its agents from any liability or claim that I/my child may have against the Judo Club with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Honolulu Judo Club. This Liability waiver and release extends to the Judo Club with all owners, partners, and employees.

PRINT PARTICIPANT NAME: _____ (PLEASE PRINT CLEARLY)

PARTICIPANT SIGNATURE: _____ DATE: _____

Intentionally left blank. Please print United States Judo Federation application separately.



Short-Term Individual Membership

Use This Application To Join Or Renew 1, 4, 8, or 12 Month Short-Term Membership in United States Judo Federation

1. Application Date		3. First Name		4. Middle Initial	
2. Last Name				5. Address	
6. City		7. State	8. Zip Code	9. Home Phone () ()	10. Work Phone () ()
11. FAX () ()		12. Mobile () ()		13. E-Mail	
14. Date of Birth		15. Age	16. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		17. Citizenship <input type="checkbox"/> U.S.A. <input type="checkbox"/> Non-U.S.A.
18. Judo Rank & Rank #		21. Club/Dojo Honolulu Judo club			
19. USJF Life #		20. USJF ID #		22. Yudanshakai 50th State Judo Association	
23. Name & Address of Insurance Beneficiary					
24. Membership Fees <small>Choose 1, 4, 8, or 12 Month Short-Term Membership Excess Accident Medical Insurance is included with the for the duration of the membership.</small>					
1-Month Short-Term Membership <input type="checkbox"/> \$25.00		4-Month Short-Term Membership <input checked="" type="checkbox"/> \$40.00		8-Month Short-Term Membership <input type="checkbox"/> \$55.00	
12-Month Short-Term Membership <input type="checkbox"/> \$70.00					
25. Donations <small>The USJF is a non-profit tax-exempt charity. Depending on your tax circumstance, donations may be tax deductible. Please consult with your tax professional. Balch, Fitzsimmons, Fukuda, Kitaura, Lee, Osako, Palacio, & Saito are all scholarship/grant programs. Please contact the National Office for more information.</small>					
Endowment Trust Programs					Other
<input type="checkbox"/> Balch \$ _____		<input type="checkbox"/> Fitzsimmons \$ _____		<input type="checkbox"/> Fukuda \$ _____	
<input type="checkbox"/> Kitaura \$ _____		<input type="checkbox"/> Lee \$ _____		<input type="checkbox"/> Osako \$ _____	
<input type="checkbox"/> General \$ _____		<input type="checkbox"/> Koiwai \$ _____		<input type="checkbox"/> Saito \$ _____	
<input type="checkbox"/> Palacios \$ _____		<input type="checkbox"/> Saito \$ _____		<input type="checkbox"/> Other \$ _____	
26. Cash or Check Payment Please DO NOT MAIL CASH			27. Credit Card Payment		
<input type="checkbox"/> Cash _____			<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
<input type="checkbox"/> Check # _____ \$20 RETURNED CHECK FEE			Name On Card _____ Issuing Bank _____		
Amount _____			Account # _____ Exp Date _____ V-Code _____		
Initials _____			Card Billing Address _____		
			Cardholder Signature _____		
28. I certify that the above information is true and I am eligible to be a member in accordance with the rules of the United States Judo Federation, Inc. (USJF).					
X Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____			X Signature of Parent/Legal Guardian (Required if Applicant under 18) _____ Date _____		

WAIVER AND RELEASE OF LIABILITY AGREEMENT - SIGNATURE(S) REQUIRED

I, the Applicant, state that I am 18 years of age or over. In consideration of being permitted to participate in any way, I acknowledge and agree to release, waive and discharge, to the greatest extent permitted by law, United States Judo Federation, Inc. (USJF) from or for all claims, demands and causes of actions or any other liabilities which may arise or be caused in whole or in part by the negligence of USJF in conjunction with or arising out of membership with USJF, and the action or lack thereof of USJF and agree that I know and understand the risks involved in the sport of Judo and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo.

X _____
APPLICANT SIGNATURE (Signature required if Applicant over 18) **PRINTED NAME** **DATE**

PARENTAL INDEMNIFICATION

I state that I am the parent/legal guardian of _____ (the Applicant), a minor. I agree to indemnify and hold harmless the USJF for any expenses incurred, claims made, or liabilities assessed against them as a result of any injury, death, or insufficiency of legal capacity. I consent to the Applicant's becoming a member of USJF & participating in Judo practices, clinics, & events sanctioned or sponsored by USJF.

X _____
PARENT/LEGAL GUARDIAN SIGNATURE (Parent/Legal Guardian signature required if Applicant under 18) **PRINTED NAME** **DATE**

***** RELEASE MUST BE SIGNED FOR THIS APPLICATION TO BE VALID • MAKE A COPY FOR YOUR RECORDS *****
 Submit to Yudanshakai or Mail to: USJF, PO Box 338, Ontario, OR 97914-0338 • Phone: (541) 889-8753 • FAX: (541) 889-5836 • www.usjf.com