

Be Strong, Courageous and Gentle

Membership Registration Form

Today's Date:			
Member Information:			
Name (First, MI, Last)			
Date of Birth	Age	_	Sex □ Male □ Female
Address		City	Zip Code
Email Address			_Send monthly bill here? □ Yes □ No
Home Ph:	Work Ph:		Cell Ph:
Minor's Father/Guardia	n		
Email Address			$_$ Send monthly bill here? \square Yes \square No
Home Ph:	Work Ph:		Cell Ph:
Minor's Mother/Guardic	n		
Email Address			$_$ Send monthly bill here? \square Yes \square No
Home Ph:	Work Ph:		Cell Ph:
Medical Issues/Physical	Limitations:		
Medical or physical pro	blems that the instructo	or should be	aware of
(i.e. Asthma, epilepsy, h	eart problems, medico	ation, allergi	es, or any limiting problems):
Emergency Contact Info	ormation (if different fro	om above):	
			Relationship
Home Ph:	Work Ph:		Cell Ph:
Previous Judo Experienc	ce:		
Dojo/Sensei		_ Current Ro	ank Yrs Experience
How did you hear abou	t HJC (circle one)?	nternet Me	ember Other
Why are you interested	in taking judo at HJC?		



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Honolulu Judo Club Waiver and Release of Liability

NAME OF PARTICIPANT	DATE
NAME OF PARTICIPANT'S PARENT(S) OF PARTICIPANT:	R GUARDIAN(S) AUTHORIZED TO SIGN WAIVER FORM FOR
CLUB: HONOLULU JUDO CLUB	
ASSEMBLIY OF GOD of HONOLULU, and participate in the Participatory Activity, I do he waive, release, and absolutely and forever d HONOLULU JUDO CLUB, the CEDAR AS respective officers, agents, representatives, succ for injuries of any kind whatsoever up to and liability and liabilities, demands, losses and dar suffered as a result of any association with and	SESSIONS OCIATION OF HAWAII, the HONOLULU JUDO CLUB, the CEDAR d GS INDUSTRIES, acceptance of my entry and for allowing me to creby for myself, the Participant, my heirs, executors, and administrators ischarge the 50 TH STATE JUDO ASSOCIATION OF HAWAII, the SSEMBLIY OF GOD of HONOLULU, GS INDUSTRIES and their cessors, and assigns from and on account of any and all rights and claims including death, obligations, controversies, actions, causes of actions, mages (hereinafter collectively "Damages") which may be sustained and d/or entry in the Participatory Activity, including but not limited to any rticipating, and/or returning from such Participatory Activity.
participation in the Participatory Activity may	re, extent and results of injuries, damages and losses resulting from not be known and anticipated, and the waivers and releases herein cover mages and losses resulting from said activities whether or not known or
STATE JUDO ASSOCIATION OF HAWAII of HONOLULU, GS INDUSTRIES and the against any and all liability, cost and expense re claims of workers' compensation insurers, tem may be asserted by and/or on behalf of any parising directly out of the Participating Activiti	ovenant and agree to indemnify, defend and forever hold harmless 50 TH , the HONOLULU JUDO CLUB, the CEDAR ASSEMBLIY OF GOD ir respective officers, agents, representatives, successors, and assigns sulting from any claim, demand, suit, action or cause of action (including porary disability insurers, medical insurers and no-fault insurers) which person for injury or damage sustained by myself and/or the Participant es.
Participant's Name	Parent/Legal Guardian
Participant's Signature	Parent/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, Honolulu Judo Club, Cedar Assembly of God, GS Industries, and the officers, employees, volunteers, and agents, 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 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 (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, 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 guard to his/her release, as provided above, of all release and agree to indemnify and hold har child's involvement or participation includ which may incur as the result of the minor arising from their negligence, to the fullest the above warnings and conditions and their	the Releasees, and, for myself, my heirs, a rmless the Releasees from any and all liabili- ing litigation expenses, attorney fees, loss, r child's participation in these programs as extent permitted by law. I have instructed the	assigns, and next of kin, I ties incident to my minor liability, damage or costs provided above, even if		
Parent/Legal Guardian	Parent/Legal Guardian's Signature	Date 507, V7.0.0, 210312.docx		

GRANT OF PUBLICITY RIGHTS & RELEASE OF CLAIMS

Please use one form per person.

I, the undersigned, hereby give **Honolulu Judo Club** and its agents, employees, successors, assigns, affiliates, and licensees, the full and unrestricted right and permission, in perpetuity and throughout the world, to use my name and/or likeness without previous notification or compensation. This right is granted to any and all uses of my name and/or likeness, whether captured by photograph, video, audio recording, or any other method, for any lawful purpose, including, but not limited to, publicity, advertising, and community education, and in any manner or format, including, but not limited to, printed materials, audio/video productions, and online formats (including email, websites, social media, and mobile marketing).

I hereby release, acquit, and forever discharge **Honolulu Judo Club** and its officers, directors, employees, agents, affiliates, and licensees from and against any and all claims, actions, causes of action, and liability, of any kind or nature, arising out of any use of my name, likeness, or voice in any lawful manner pursuant to this document.

I waive any right to pre-approve or review any use of my name, likeness, or voice by **Honolulu Judo Club** pursuant to this document.

I understand and agree that this Grant of Publicity Rights & Release of Claims will be construed in accordance with the laws of the State of Hawaii and the United States of America and that if any portion of this Grant of Publicity Rights & Release of Claims is held to be invalid, the balance shall continue in full force and effect.

AM 18 YEARS OF AGE OR OLDER	NO*
NAME (PRINT)	
ADDRESS	
SIGNATURE	DATE
HONOLULU JUDO CLUB WITNESS/AGENT (PRINT NAME)	
WITNESS/AGENT TITLE	
*If the person signing is under 18, consent must be given by a paren	t or legal guardian as follows:
I hereby certify that I am the parent or legal guardian of the above-na Publicity Rights & Release of Claims, and do hereby give my conser above-named minor.	
PARENT / LEGAL GUARDIAN NAME (PRINT)	
SIGNATURE	DATE
******************************	***
PLEASE EXCLUDE THE FOLLOWING:	
NAME (PRINT)	
SIGNATURE	DATE
PARENT / LEGAL GUARDIAN NAME (PRINT)	
SIGNATURE	DATE



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COVID-19 LIABILITY WAIVER

PARTICIPANT NAME:	DATE:	
I acknowledge the contagious nature of the Coronavirus/COVID-19 recommend practicing social distancing.	and that the CDC and many other public health authorities still	
I further acknowledge that Honolulu Judo Club has put in place prev 19.	ventative measures to reduce the spread of the Coronavirus/COVID-	
I further acknowledge that Honolulu Judo Club cannot guarantee th understand that the risk of becoming exposed to and/or infected by or negligence of myself and others.	at I will not become infected with the Coronavirus/Covid-19. I v the Coronavirus/COVID-19 may result from the actions, omissions,	
I voluntarily seek services provided by Honolulu Judo Club and ack Coronavirus/COVID-19. I acknowledge that I must comply with all s		
I attest that:		
 I /My child will not attend practice if experiencing any sym breathing, fever, chills, muscle pain, headache, sore throat, 	uptom of illness such as cough, shortness of breath or difficulty upset stomach, or nausea/vomiting.	
 I /My child will not attend practice if diagnosed with or tes contagious according to local public health regulations. 	ted positive for Coronavirus/COVID-19 and not yet cleared as non-	
 We are following all CDC recommended guidelines as much Coronavirus/COVID-19. 	n as possible and limiting my/our exposure to the	
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 PARENT NAME:	(PLEASE PRINT CLEARLY)	
PARENT SIGNATURE:	DATE:	

PARTICIPANT SIGNATURE: _____DATE: ____