

**REGISTRATION AND WAIVER**  
**KAYLA HARRISON CLINIC**  
**JANUARY 27 & 28, 2012**

The following is the procedure for Registration & for the Liability Waiver for the Kayla Harrison Clinic. Please follow and distribute among coaches and parents so that the clinic is ready to begin at 9:00 AM Sharp on Saturday, January 28.

#1 Coaches, please send a **participant list to me by Wednesday, January 25**. You may send via email or FAX--my contact information below OR I will meet you if need be to pick it up.

#2 Insure that every participant has a **signed Liability Waiver**. The waiver(s) will be collected at the clinic before anyone is allowed on the mat.

#3 All clinic participants will be checked off of the list that the coaches have provided as they arrive at the clinic. There will probably be some "walk ups" but it is greatly appreciated if we know the numbers ahead of time and it will expedite the process if we have a list in front of us.

#4 **IMPORTANT**: You must have a **USA Judo membership card** to participate in the clinic. If you do not have a card or your card has expired, you may purchase the card on site at the clinic. **BRING YOUR CARD WITH YOU AS ALL PARTICIPANTS MUST SHOW A CURRENT USA JUDO MEMBERSHIP CARD.**

#5 Registration & Waiver check in: **7:45 AM to 8:45 AM**--please be prompt so the clinic may begin promptly at 9:00 AM.

Thank you for your support of this clinic!! It is going to be a great one!! PAT

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2012 KAYLA HARRISON CLINIC

JANUARY 27 & 28, 2012

**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, 2012 Kayla Harrison Clinic and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, and Colorado Judo League, 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 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, and Colorado Judo League, 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 "releasee", 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 releasee 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 (please print name)	Participant's Signature	Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 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 my minor child's involvement or 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/Guardian (please print name)	Parent/Guardian's Signature	Date