

**FLORIDA JUDO YUDANSHAKAI
AND
ORLANDO JUDO ACADEMY**

INVITE YOU A JUDO REFEREE CLINIC WITH SENSEI YOON CHI

JANUARY 27TH 2006
6:00 PM to 10:00 PM

AT

THE ORLANDO JUDO ACADEMY
1940 Brengle Avenue
Orlando, Florida
407. 876. 6233

Joon Chi, (Hachidan), IJF A Referee

Chairman of Referee Development and Certification Committee of USJF

Pan American Judo Union Referee Commission Member

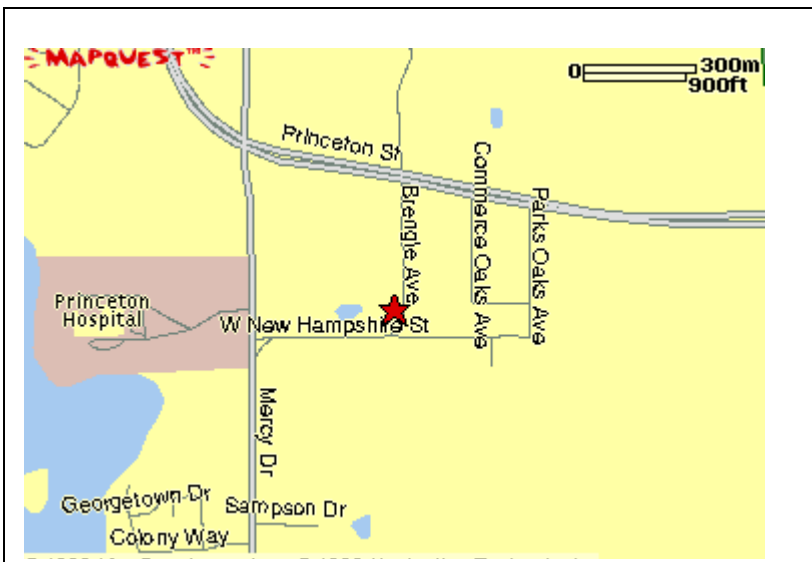
Coordinator of Pan American Judo Union Referee for Blind Athlete

President of World Korean Judo Society

Mr. Chi has been Referee for Olympic Games, Paralympic Games, World Championships, World Junior Championships, Pan American Olympic Games, Pan American Judo Union Championships, French Open, German Open, Korea Open, Kano Cup, Russian Open, Austria Open, Italian Open, Central American Olympic Games, Central American Judo Championships, Central American & Caribbean Games, Central American & Caribbean Championships, Benito Juarez Mexico Open, Fukuoka Women Open, Moscow Grand Prix, Dutch Open, Vietnam Open, Brazil Open, and the Rendez Vous to mention a few.

Mr. Chi will be attending the 1st European International Referee Seminar prior to this clinic and he will sharing the latest developments as well as covering the established rules.

Please R.S.V.P. with Hector Vega via e-mail at hevl@sbcglobal.net or by phone 561.281.7902



From the 408 (East/West Expressway), take the John Young Parkway exit, North to Princeton Street and turn left (West). From I-4, take the Princeton Street exit and go West to John Young Parkway. From John Young Parkway, go West on Princeton Street 6/10ths of a mile, then turn left on Brengle Ave. Turn right at the fourth driveway on the right. We are at 1940 Brengle Ave in the Shindai Aikikai dojo.

ENTRY FORM

NAME _____

DOB: ____/____/____ **AGE:** ____

SEX: ____F____M **RANK:** _____

WEIGHT: _____

National Organization# USJ _____ **EXP DATE** ____/____/____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

DOJO NAME: _____ **SENSEI:** _____

DOJO ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE: _____ **FAX:** _____

E-MAIL: _____

In consideration of your acceptance of this entry, I, for myself, my heirs, executors, administrators and assigns, do hereby release and discharge the United States Judo Association, United States Judo Federation, United States Judo Inc., Florida Judo Inc., Florida Judo Yudanshakai Inc., The Orlando Judo Academy, their officers, their employees, agents, tournament staff, sponsors, or agents or representatives of any and all claims and demands, losses, or injury incurred or sustained by me as a result of attending, participating in or traveling to and from this Judo Clinic.

Signature of Contestant

DATE: ____/____/____

Signature of parent or Guardian if contestant is a minor, under 18 years of age

DATE: ____/____/____

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 of the **United States Judo Federation, Inc., United States Judo Inc., Florida Judo Yudanshakai, Orlando Judo Academy,**

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 Federation, Inc., United States Judo Inc., Florida Judo Yudanshakai, Orlando Judo Inc.** 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's Printed 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's Printed Name

Parent/Guardian's Signature

Date