Obukan Judo Dojo Membership Application

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1. Name							
2. Parent's Name							
(minors only)							
3. Address							
4. Phone			5.	Email			
6. Birthdate			 	7. Gende	er Male	Female	
8. Emergency Contact							
9. Do you have any							
significant medical							
conditions that you wish							
to be known?							
All persons who are beginning Judo or restarting after a long absence are strongly recommended to have a medical examination before starting Judo training							
	<u> </u>	l mount	<u> </u>	iwiion our	11. What is your		
10. When did you s	tart Judo?				current Judo		
(Beginners skip items 11-14					rank?		
12. Rank granted			13. Date	of last			
by?		promotion					
14. Please list the							
dojo where you							
have trained							
(more than just a							
visit)							
15. Other martial arts							
experience (include western							
MA such as boxing wrestling							
etc.)							
16. How did you							
find out about our dojo?							
17. What are							
your goals in							
studying Judo?							
18. Type of Membe	rshin		Active		Booster		
Active South Membership Active South							
the United States Judo Federation							
	ire			Date			

WARNING!
WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE
I, (print name) , in consideration for being permitted to participate in any way including
but not limited to: travel to and from; guided exercise or physical training; any martial arts or judo practice, clinic, or tournament; or any related
events and activities (collectively, "Activities") of Obukan Judo Dojo, Inc. and its agents, successors, assigns, and instructors, and volunteers, and
United States Judo Federation, Inc., USA Judo/United States Judo, Inc., Unites States Judo Association, Inc., Northwest Judo Yudanshakai, Inc.
(collectively, the "Club") and its customers, clients, and members (collectively, the "Members"), agree to this binding liability release, waiver,
discharge, covenant not to sue, acknowledgment, and assumption of risk (collectively, the "Release") in favor of the Club and its Members.
1. I fully recognize there are dangers and risks to which I will be exposed by joining and participating in the activities of Obukan Judo Dojo,
Inc. including but not limited to the martial art of judo and any other related fitness or exercise activity (collectively, the "Judo Program") offered by
the Club. The Judo Program involves dangerous activities including but not limited to: strenuous physical activity, complex physical movements
under load, joint-locks and manipulation, restriction of blood flow to the brain, and extensive forceful and high-impact physical contact with other
persons and the ground. I further acknowledge that by participating in the Judo Program, I will be in close physical proximity to, use, or be assisted
by other persons, items, and equipment recently used by other persons, and may be at risk of exposure to and illness from infectious diseases including but not limited to: MRSA, influenza, COVID 19, and other blood borne or respiratory diseases. The Club cannot completely mitigate the
transfer of communicable diseases like COVID-19 especially when involved in the Activities.
2. By training at the Club, I fully acknowledge that I am assuming the risk of serious and permanent bodily injury, illness, disease, mental
distress, and harm by participating in dangerous activities including but not limited to: joint locks, high-impact throws, chokes, strikes, intense
physical training, complex movements under load, and other similarly dangerous activities. The seriousness of harm that I may suffer could result
in permanent disability, death, or severe economic losses due not only to my own actions, inactions, or negligence, but also to the actions,
inactions, or negligence of others, the rules of the sport, the condition of the premises, or of any equipment used. I also acknowledge that there may
be other risks not known to me or not reasonably foreseeable at this time. I agree to comply with the stated and customary terms and conditions for
participation regarding protection from infectious diseases.
3. I acknowledge that prior to participating, I will inspect my body and health, the mats, equipment, facilities, the competition pools or
divisions, and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, or if I observe any unusual or
significant hazard, I will immediately advise my coach, supervisor, trainer, instructor, and/or a tournament official of such conditions and refuse to
participate.
4. I fully understand the risks involved. I am voluntarily joining the Club. And, I am willing to participate and represent that I am qualified to
participate in dangerous fitness and exercise programs and martial arts activities. I assume all risks mentioned in this release, risks not specifically
mentioned herein, and accept personal responsibility for the damages or harm to me following such injury, illness, disease, permanent disability,
death, or economic loss.
5. I hereby release, waive, discharge, and covenant not to sue the Club and the Members, the Club's administrators, directors, of volunteers of the Club, event officials, medical personnel, other participants including their parents, legal guardians, supervisors and coaches,
sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting events or activities, all of
whom are hereinafter referred to as "Releasees," from any and all claims, litigation expenses, attorney fees, loss, liability, damages or costs on
account of injury, illness, disease, including but not limited to 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.
I have read the entire Release, I fully understand it and I agree to be legally bound by it.
THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.
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
narticinant as to the above warnings and conditions and their ramifications

Parent/Legal Guardian's Signature

Date

Parent/Legal Guardian