



Hui-O-Judo Beltsville Shufu Judo Yudanshakai



Examiners Clinic

All members of the Shufu Board of Examiners (and at least one member from each club) should attend this clinic!!

Sanctioned by: United States Judo Federation Sanction number: 12-01-11
Clinician: Mr Tad Nalls, Chairman, Shufu Board of Examiners
Date: Sunday, 29 January 2012
Location: Beltsville Community Center, 3900 Sellman Road, Beltsville, Maryland
Registration: 8:30 – 9:00 AM
Clinic hours: 9 am to 12 noon, lunch break 12-1, 1pm-4pm
Fee: \$ 25.00 Pre register before January 20, 2012
 \$ 30.00 Register after January 20, 2012

Eligibility: Open to current USJF, USJA and USJI primary members. Membership cards must be presented at registration

Topics to be covered:

The concept for this clinic to get all members of the Shufu Yudanshakai Board of Examiners on the same grading scale. It has been noted that there is a subject viewpoint that skews some of the grading. We will evaluate criteria for each of the grading levels and evaluate the proper scoring for the techniques. We recommend at ALL member of the Board be present for this clinic. We also recommend that senior club members who are teaching come to learn what we are looking for and how we evaluate techniques.

Visit our web site at <http://www.huiojudo.com>
For more information contact Kevin Tamai 703-622-6861

Shufu Yudanshakai Entry Form for Examiner Review Clinic

Cash/ check # _____

Amount: _____

Sanctioned by: United States Judo Federation sanction #: 12-01-11

Event Director: Kevin Tamai

Name: _____

Home Address: _____

Phone Number: (H) _____ (W) _____

Email address (optional) _____

Club Name: _____

UJSI/USJF/USJA Number(Circle One): _____ Expiration Date: _____

Only verified, current members will participate!

***New and Renewal applications will be taken on site ***

Rank: _____ Sex: M F Age: _____ Date of birth: _____

If assistance/accommodation is needed (check off appropriate box): Vision loss/blindness Hearing loss/Deafness

Type of assistance/accommodation requested or name of person assisting: _____

Payment may be made by CHECK, MONEY ORDER to **M-NCPPC (Maryland National Capital Park and Planning Commission)**: Enclosed is a Check or Money Order for \$ _____.

Check Verification: Name and address matches entry form and check: Yes No
Name and address match driver license: Yes No

Driver License State _____ Driver License Number _____ Expiration date: _____

Please mail the completed entry form liability waiver and payment to:

Kevin Tamai, 2973 Fox Tail Court, Woodbridge, VA 22192 Attn: Shufu Examiners Clinic

**You MUST read and sign waiver on back of this form!!
Entries will not be accepted without a completed & signed waiver!!**

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., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Shufu Judo Yudanshakai, Inc., Maryland Judo, Inc., Beltsville Community Center, Maryland National Capital Park and Planning Commission, Beltsville Academic Center, and the Hui-O-Judo Club**, 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, 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., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Shufu Judo Yudanshakai, Inc., Maryland Judo, Inc., Beltsville Community Center, Maryland National Capital Park and Planning Commission, Beltsville Academic Center, and the Hui-O-Judo Club**, 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