

NATIONAL JUDO CAMP AT UCF



**SATURDAY AND SUNDAY,
APRIL 7-8, 2018**

Led by: Shinjiro Sasaki and Rieko Sasaki
Be on the lookout for more Senseis to be added!

Registration: \$20 for both days or \$15 per day
Club Deal: More than 10 athletes from one club and it
drops to \$15 per athlete for both days.

Preregistration Required

Location: The Recreation and Wellness Center on UCF
Campus
12800 Gemini Blvd S Orlando FL 32816

Event Times:

Saturday Under 18	Saturday Over 18	Sunday Under 18	Sunday Over 18
Morning Session: 9am-11am	Morning Session: 11:30am- 1:30pm	Morning Session: 9am-11am	Morning Session: 11:30am- 1:30pm
Afternoon Session: 2pm-4pm	Afternoon Session: 4:30pm- 6:30pm	Afternoon Session: 2pm-4pm	Afternoon Session: 4:30pm- 6:30pm

**DUE TO UCF REGULATIONS UNDER 18 AND
OVER 18 CAN NOT BE ON THE MAT AT THE SAME
TIME**

**Under 18 must have an adult over 21 with them
EVERYONE MUST HAVE A GOVERNMENT ISSUE
ID TO GET INTO THE FACILITY**

Event Director:
Maddie Bunker
(501) 951-3974

Maddie_raine@knights.ucf.edu

Registration Form

Name: _____

Club: _____

USA JUDO, USJA, USJF or ATJA

Membership #: _____

Date of Birth: _____

Entry form on reverse side must also be completed!
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 any judo tournament, practice, clinic, and related events and activities of the United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., American Traditional Judo Association, University of Central Florida, Sasaki Judo, Orange County, City of Orlando, University of Central Florida Police Department, Orlando Police Department, Recreation and Wellness Center at the University of Central Florida, Florida Judo Association, National Collegiate Judo Association and Judo Club at UCF, 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, in-actions, or negligence, but also to the actions, in-actions, 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., American Traditional Judo Association, USA Judo, United States Judo Federation Inc., United States Judo Association Inc., University of Central Florida, Sasaki Judo, Orange County, City of Orlando, University of Central Florida Police Department, Orlando Police Department, Recreation and Wellness Center at the University of Central Florida, Florida Judo Association, National Collegiate Judo Association and Judo Club at UCF, 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.

Participant's Printed Name

Participant's Signature

Date



Time of Entry: _____

By: _____
RWC Employee Initials

GUEST PASS

Notice: By signing this agreement you give up your right to bring legal action or recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the University of Central Florida Recreation and Wellness Center, Recreation and Wellness Center Park and/or Leisure/Lap Pool now or anytime in the future. **Guest must present picture ID with DOB.**

Release of Liability and Assumption of Risk

1. In consideration for receiving permission for use of any or all of the UCF Recreation and Wellness Center ("Center"), the UCF Recreation and Wellness Center Park ("Park"), the UCF Recreation and Wellness Center Leisure Pool and/or Lap Pool ("Pool(s)"), with the Center being a component member of THE UNIVERSITY OF CENTRAL FLORIDA, I hereby **RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS** for any and all purposes CENTER, The UNIVERSITY OF CENTRAL FLORIDA, the UCF BOARD OF TRUSTEES, the STATE OF FLORIDA and the FLORIDA BOARD OF GOVERNORS and their respective officers, servants, agents, volunteers, or employees (herein collectively referred to as **RELEASEES**) **FROM ANY AND ALL LIABILITIES, RESPONSIBILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION OR INJURY, INCLUDING DEATH,** that may be sustained by me while using the Center, Park and/or Pool(s) in any way (including but not limited to the use of any and all equipment, facilities, participation in Center, Park and/or Pool activities, etc.), whether caused by **RELEASEES'** negligence or otherwise, or while on the premises owned or leased by **RELEASEES**. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.

2. I am fully aware that there are inherent risks involved with using the Center, Park and/or Pool(s), including but not limited to possible physical injury and loss of life and I choose to voluntarily participate in said usage of the Center, Park and/or Pool(s) with full knowledge that said usage of the Center, Park and/or Pool(s) may be hazardous to me and my property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH,** that may be sustained by me as a result of my usage of the Center, Park and/or Pool(s), whether supervised or unsupervised. I further agree to indemnify and hold harmless the **RELEASEES** for any loss, liability, judgment, settlement, damage or costs, including court costs and attorney's fees for both the trial and appellate levels that may occur as a result of or in any way related to my use of the Center, Park and/or Pool(s), whether caused by **RELEASEES'** negligence or otherwise.

3. I understand that **RELEASEES** do not maintain any insurance policy covering any circumstance arising from my use of the Center, Park and/or Pool(s). As such, I am aware that I should review my personal insurance coverage.

4. I hereby certify that I am at least 18 years of age and am legally competent to sign this release form. If I am under the age of 18, I have had my legal parent/ guardian sign this agreement, along with myself. It is my express intent that this release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Florida.

I hereby represent that **I HAVE READ THIS RELEASE FORM IN ITS ENTIRETY AND UNDERSTAND ALL OF THE TERMS AND CONDITIONS IT CONTAINS AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY** as my own free act and deed; no oral representations, statements, or inducements apart from this release form have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

GUEST NAME (PRINTED) _____ DATE _____ DATE OF BIRTH _____

SIGNATURE _____ LICENSE / ID # _____ STATE _____

---To be completed by guest sponsor---

By sponsoring your guest today you have agreed to the following:

- **You the Sponsor of your guest, must remain in the facility at all times with your guest(s).**
- **In sponsoring your guest(s) you are responsible for the conduct and damages incurred by your guest(s).**
- UCF students who are approached by non-UCF students within the RWC or adjacent properties, and asked to sponsor them as a guest is a violation of RWC access policy.
- The RWC reserves the right to deny access to guests.

I UNDERSTAND I WILL BE CHARGED \$5 ON MY ACCOUNT TO ALLOW MY GUEST INTO THE RWC ON THE DATE PROVIDED. THIS BALANCE ON MY ACCOUNT MUST BE PAID AT THE ADMINISTRATION OFFICE WITHIN 7 DAYS OF TRANSACTION.

SPONSOR NAME (PRINTED) _____ DATE _____

SPONSOR SIGNATURE _____ ISO # _____

---Administration Office Use Only---

Amount Paid: _____ Payment Type: _____ Authorized Signature: _____

Judo Club at UCF
Credit Card Charge Request
Please Email to Event Coordinator

If you wish to use your Credit Card for a Payment or Donation to Judo Club at UCF, please complete the following information and enclose with your application form(s):

Name: _____

Address: _____

Billing Zip Code Needed: _____

Telephone #: _____

Credit Card (circle one): MasterCard ----VISA ----Discover ----American Express

Credit Card#					\					\								
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Credit Card Expiration			CVC Code
	(month)	(year)	

Name as it appears on Credit Card (please print):

Amount: \$ _____
 5% handling fee: \$ _____
 Amount authorized to charge: \$ _____

Signature: _____ Date: _____

Memo: _____

Judo Club at UCF
 Cell Number: 5019513974
 Email: Maddie_raine@knights.ucf.edu

