

TECH JUDO PRESENTS

**REGIONAL TRAINING NITE
FOR THE HUDSON ATHLETES FUND
FRIDAY MARCH 26TH 8: 00 PM**

**THIS IS A MINI CLINIC AND MAXIMUM WORKOUT FOR JUDOKA 13YRS. AND OLDER OF ALL LEVELS THAT BRINGS TOGETHER MANY OF THE BEST PLAYERS AND COACHES IN THE AREA TO SHARE KNOWLEDGE AND HAVE NEWAZA AND RANDORI GUARANTEED TO CHALLENGE EVERYONE.
NOTE: ALL PROCEEDS FROM THIS EVENT WILL GO TO THE HUDSON JUDO YUDANSHAKAI COMPETITORS FUND FOR THE SOLE PURPOSE OF SPONSORING AREA JUDOKA.**

WORKOUT DIRECTORS: CLYDE WORTHEN and BILLY MARTIN

**LOCATION: HCST ATHLETIC FACILITY
2100 85TH STREET
NORTH BERGEN, NJ 07047**

**FACILITY: WORKOUT AREA 100'X60' (SIZE OF AN NBA BASKETBALL COURT)
ALL TATAMI AND SWAIN 2" FLEXI ROLL MATS FOR MAT AREA**

FEE: 20.00 PREREGISTERED; 30.00 DAY OF WORKOUT

**ELIGIBILITY: MUST PRESENT VALID USJF, USA JUDO, OR USJA CARD
WORKOUT OUTLINE ON BACK OF PAGE**

**FILL OUT ENTRY FORM AND WAIVER AND MAIL TO BILLY MARTIN
FOR FURTHER INFORMATION CONTACT BILLY MARTIN at 516-242-7705 or
godan6161@aol.com
OR CLYDE WORTHEN**

**Please send the attached application and waiver and mat fee to:
Billy Martin, 2 Joel Court, Huntington Station, NY 11746**

WORKOUT SCHEDULE

**8:00 PM BOW IN AND INTRODUCTION
WARMUPS**

JUDO SPECIFIC DRILL TRAINING

**15 MINUTE MAT TECHNIQUE INSTRUCTIONS
NEWAZA RANDORI**

**15 MINUTE TACHI WAZA INSTRUCTIONS
RANDORI UNTIL THE LAST MAN STANDING**

A NOTE TO ALL JUDOKA:

EVERYONE PUTTING THIS EVENT TOGETHER IS DOING IT ON A VOLUNTEER BASIS TO HELP ELEVATE THE LEVEL OF AREA JUDO. TECH JUDO IS DONATING ITS' FACILITY AND MATS. WE ARE CHALLENGING YOU TO DO YOUR PART AND SHOW UP AND PARTICIPATE BECAUSE YOU ARE THE FUTURE OF AREA JUDO! BRING IT!

BILLY MARTIN WILL PERIODICALLY UPDATE THE LIST OF ELITE PLAYERS AND COACHES WHO WILL BE ATTENDING

REGIONAL TRAINING NITE

Please Mail the \$20:00 Mat Fee, Payable to Hudson Judo Yudanshakai, along with this application and Waiver to:
Billy Martin, 2 Joel Court, Huntinton Station, NY 11746
ATTN: Friday Night Workout

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

E-MAIL ADDRESS: _____

JUDO CLUB: _____

USJF # _____ USJI # _____

USJA # _____

MEMBERSHIP EXPIRATION DATE: _____

JUDO RANK: _____

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., United States Judo Association, Inc., Hudson Judo Yudanshakai, and Tech Judo**, 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 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Hudson Judo Yudanshakai, and Tech Judo**, 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 in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees 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 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant

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

Parent/Guardian's Signature

Date