

APPLICATION FOR SANCTION

APPLICATION INFORMATION (FEE: \$35 PER EVENT)

SECTION 1: ALL TOURNAMENTS, SCRIMMAGES, CLINICS, CAMPS, AND OTHER COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION

SECTION 2: NAME OF CLUB APPLYING FOR SANCTION

CLUB: SOHKJUDOCLUB

Name and Address of Club Official Requesting Sanction

Name: Roger Walker

Address: 5407 Tory Ann Dr

City: Magnolia

State: Texas

Zip: 77354

Phone: (713) 315-1628

Fax: ()

Place and Location of Event:

Place: SOHK JUDO Club

Address: 25770 IH-45 N Unit 106

City: Spring

State: Texas

Zip: 77386

Phone: (281) 292-1882

Fax: ()

Chartered Club: ☒ Yes ☐ No

(Edged weapons are prohibited at any event.)

SECTION 3: EVENT IDENTIFICATION

Name of Event Blind Leading the Blind Scrimmage

Date(s): 09/08/2023

PLEASE CIRCLE ALL THAT APPLY:

Number of Participants Expected: 8

Type of Event: ☐ Tournament ☐ Clinic ☐ Camp ☒ Scrimmage ☐ Other

Competition: ☐ Juniors ☒ Seniors ☒ Masters ☐ Kata ☐ Coed (USJF Only)

Level: ☒ Local ☐ State ☐ Regional ☐ National

SECTION 4: CERTIFICATION BY REQUESTING OFFICIAL

In applying for this sanction, the undersigned agrees:

- 1 To abide by the terms and conditions for sanctioned events. This includes 2013 IJF Rules.
- 2 To permit membership registration at the event and to provide the necessary forms for such registration.
- 3 To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the sanctioning authority within five days of the completion of the event.
- 4 **Provide copies of the entry form, general information sheet and waiver and release form with application to the USJA National Headquarters. Your sanction will not be approved if these items are not submitted.**
- 5 Failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.
- 6 To post the sanction for the event in public view at the tournament site.
- 7 My signature indicates I am thoroughly informed of all the safety rules and regulations regarding a sanctioned event and that I have read and understand the report from the Presidents of the three Judo Organizations in the United States.



(Signature of Official Applying for Sanction)

09/08/2023

(Date)

Total Sanction Fee Enclosed: \$35.00 Credit Card on File

Sanction Number:

Approval By:

Date:

Note: Third parties requesting to be named as additional insured's may be done by completing a certificate of insurance request form for a sanctioned event.

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 Association, Inc., United States Judo Federation, Inc., and USA Judo/United States Judo, Inc.**, I agree and affirm that:

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 Association, Inc., United States Judo Federation, Inc., and USA Judo/United States Judo, Inc.**, 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