



REGISTRATION WAIVER FORM

Athletes Name: _____

USA Judo ID #: _____

I certify that I am eligible to be a member of USA Judo in accordance with the rules of USA Judo.

Signature: _____ Date: _____

Signature of Parent/Guardian if applicant under 18:

_____ Date: _____

I, the applicant, state that I am 18 years of age or over and agree to release, waive, and discharge, to the greatest extent permitted by law, USA Judo, USJA and/or USJF from or for all claims demands and causes of actions or any other liabilities which may arise by virtue of injuries or damages caused in conjunction with or arising out of membership with USA Judo and the action or lack thereof of USA Judo, USJA and/or USJF and agree that I know and understand the risks involved in the sport of Judo/Jujitsu and do hereby assume these risks and accept the responsibility for any damages or injuries by engaging in the contact sport of Judo.

Signature: _____ Printed Name _____

I state that I am the parent(s) or legal guardian of _____ the applicant, a minor. I state that I have read and understand the foregoing waiver and release of liability agreement. I explained to the applicant that he/she is giving up substantial rights by signing and submitting the application and instructing her/him of the ramifications and that I/we consent to the applicant becoming a member of USA Judo and participating in Judo/Jujitsu practices, clinics and events sanctioned or sponsored by USA Judo, USJA and/or USJF.

Signature: _____ Printed Name _____

USA Judo
1 Olympic Plaza
Colorado Springs, CO 80909
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