



The Nick Delpopolo Clinic
Saturday, December 17th, 2016
Plano, Texas
REGISTER ONLINE AT JUDOCOMP.COM

For Juniors, Seniors, and BJJ

PLANO, TEXAS

LOCATION Eastside Dojo • 3420 K Avenue, Suite 303 • Plano, TX 75074
ph 469-443-0303

SCHEDULE 8:30AM - 9AM Registration/check in
9:30AM-11:30AM Junior session
12:30PM - 2:30PM Senior session
3:30PM—5:30PM Judo for BJJ

SANCTIONED BY USA JUDO All participants must be current USA Judo, USJF or USJA members.
(you may register with USA Judo at the clinic)

ENTRY FEES Juniors- \$40 (12 and under) Seniors \$50 (13 & up)
Family member discount 1st is full price, additional 50% off.

STAFF CONTACTS Ken Scialo, ph 214-762-2222 kscialo@eastsidedojo.com
Ken Patteson, ph 214-236-0427 kpatteson@eastsidedojo.com

SEND COMPLETED ENTRY AND WAIVER TO:
EASTSIDE DOJO 2310 SAINT GERMAIN RD. DALLAS, TX 75212
CHECKS PAYABLE TO EASTSIDE DOJO
(WALK UPS WELCOME)

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY,ST,ZIP _____

PHONE _____ EMAIL _____

AGE _____ DATE OF BIRTH _____ RANK _____ USA JUDO# _____
(MUST PRESENT CARD)

CLUB _____ COACH _____ COACH'S CELL _____

EMERGENCY CONTACT _____ PHONE# _____

THE NICK DELPOPOLO CLINIC
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 the Nick Delpopolo Clinic and related activities of **United States Judo Inc., Texas Judo Inc., the United States Judo Federation, the United States Judo Association, Nick Delpopolo, Dallas Judo, Inc., Eastside Dojo, and Shufu Judo Yudanshakai.**

I hereby,

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
2. Agree that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system (if applicable) to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor or a tournament official of such condition(s) and refuse to participate.
3. Acknowledge and fully understand that I will be participating in a sport that might result in serious injury, including permanent disability or death, and severe social and economic loss due not only to my actions, inactions, or negligence, but also to the action, inaction, or negligence of others, the rules of Judo, or the 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 Judo, I assume that risk and accept the responsibility for the damages following such injury, death or permanent disability.
5. Release, waive and discharge and covenant not to sue **United States Judo Inc., Texas Judo Inc., the United States Judo Federation, the United States Judo Association, Nick Delpopolo, Dallas Judo, Inc., Eastside Dojo, and Shufu Judo Yudanshakai** together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers or the organization, event officials, medical personnel, other participants, their parents, guardian(s), 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 or 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 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 TO DO SO ENTIRELY OF MY 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 Signature	Date
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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 or Guardian's Printed Name	Parent or Guardian's Signature	Date
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