



2018 Virginia Commonwealth Games at Liberty University Judo Entry Form

Consult the website for sport registration fees. **There is an additional \$5 fee for mail-in registrations**, to avoid this fee, please register online at www.CommonwealthGames.org. Be sure to sign the waiver and mail registration to:

Virginia Amateur Sports

711-C 5th Street NE
Roanoke, Virginia 24016

**No phone entries. No fax entries. No email entries. No refunds.
All athletes competing in 2 categories must fill out 2 entry forms.**

Athlete Information:

First Name _____ Last name _____

Gender _____ Email address _____

Address _____

City _____ State _____ Zip _____

Phone number _____ Birthday _____ Age _____

Judo Club _____ Rank _____

Card # (USJI, USJA, USJF) _____ Expiration Date _____

USA Citizen? Yes No Foreign Athlete Judo Passport # _____

I certify that all above information is correct.

Signature: _____ (Contestant 18+ or Parent/Guardian)

Please note:

1. It is mandatory that the waiver of liability be signed in order to participate.
2. Anyone failing to fill out the necessary forms can be disqualified from the tournament

It is mandatory that all non-black belt competing in Nikkyu & above, Masters, Youth, Visually Impaired and Senior Female Divisions complete certification below:

I, _____, a Judo Instructor, who has been awarded the Judo rank of Shodan or higher, under the auspices of United States Judo Inc., United States Judo Association, and/or United States Judo Federation, hereby certify that the above contestant, although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in the Virginia Commonwealth Games at Liberty University.

A copy of my rank (rank certification or my USJI membership card having the verification symbol "V" printed following my rank) is attached. Competitors in the below categories can be disqualified without instructor's rank verification.

Signature of Judo Instructor _____ Rank _____

DIVISION – PLEASE CHECK BESIDE

ENTRY FEES

BOYS: 5-6 _____ 7-9 _____ 10-12 _____ 13-16 _____ 17-19 _____ ENTRY FEE \$ _____
WEIGHT CLASS: _____ WEIGHT IN POUNDS – **NO ARM-BARS WILL BE ALLOWED IN ANY NOVICE CATEGORIES**

GIRLS: 5-6 _____ 7-9 _____ 10-12 _____ 13-16 _____ 17-19 _____ ENTRY FEE \$ _____
WEIGHT CLASS: _____ WEIGHT IN POUNDS – **NO ARM-BARS WILL BE ALLOWED IN ANY NOVICE CATEGORIES**

MASTERS – M: 30-39 _____ 40-49 _____ 50 & OVER _____ ENTRY FEE \$ _____
WEIGHT CLASS: _____ WEIGHT IN POUNDS

MASTER – F: 30-39 _____ 40-49 _____ 50 & OVER _____ ENTRY FEE \$ _____
WEIGHT CLASS: _____ WEIGHT IN POUNDS

SENIOR NOVICE – F: _____ ENTRY FEE \$ _____
WEIGHT CLASS: _____ WEIGHT IN POUNDS

SENIOR – F: _____ ENTRY FEE \$ _____
WEIGHT CLASS: _____ WEIGHT IN POUNDS

VISUALLY IMPAIRED – M: _____ ENTRY FEE \$ _____

NEW VISUALLY IMPAIRED F: _____ ENTRY FEE \$ _____

SENIOR M: SANKYU & BELOW _____ NIKKIYU & ABOVE _____ ENTRY FEE \$ _____
WEIGHT CLASS: _____ WEIGHT IN POUNDS

KOSEN – (BOYS OVER 12 YEARS OLD – GIRLS OVER 12 YEARS OLD) ENTRY FEE \$ _____
NO ARM-BARS WILL BE ALLOWED IN ANY NOVICE CATEGORIES

KOSEN MASTERS M/F – SENIOR M/F) ENTRY FEE \$ _____

KATA FEE - ENTRY FEE \$ _____
ENTRY FEE TOTAL \$ _____

TOTAL \$ _____



Don't forget to sign – Certification & Release and Waiver of Liability

**VIRGINIA COMMONWEALTH GAMES
ASSUMPTION OF RISK ACKNOWLEDGMENT AND
PARTICIPATION AGREEMENT**

I DESIRE TO PARTICIPATE IN AND/OR ATTEND THE VIRGINIA COMMONWEALTH GAMES, HOSTED BY THE VIRGINIA AMATEUR SPORTS, INC. ON THE CAMPUS OF LIBERTY UNIVERSITY ("GAMES") AND AT OTHER VENUES THROUGHOUT THE COMMONWEALTH. IN ORDER TO PARTICIPATE IN OR ATTEND THE GAMES, I AGREE TO THE TERMS BELOW AND ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATING IN OR ATTENDING THE GAMES, INCLUDING THOSE SPECIFICALLY IDENTIFIED BELOW.

ASSUMPTION OF RISKS. I ACKNOWLEDGE THAT THE GAMES AND RELATED ACTIVITIES HAVE INHERENT RISKS THAT MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, AND EVEN DEATH. SUCH ACTIVITIES INCLUDE WITHOUT LIMITATION ARCHERY, BADMINTON, BASEBALL/SOFTBALL, BASKETBALL, BATON, BOWLING, DISC GOLF, HORSEBACK RIDING, FIELD HOCKEY, FIGURE SKATING, WEIGHTLIFTING, GYMNASTICS, ICE HOCKEY, MARTIAL ARTS, LACROSSE, MOUNTAIN BIKING, PAINTBALL, RACQUET SPORTS, RUGBY, SHOOTING TRAP/CLAYS, SKATEBOARDING, SKIING/SNOWBOARDING, SOCCER, SWIMMING, TRACK & FIELD EVENTS, VOLLEYBALL, WEIGHT-LIFTING, AND WRESTLING. SPECIFIC RISKS RELATED TO THESE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO: NEGLIGENCE OR CARELESSNESS OF OTHER PARTICIPANTS AND THIRD PARTIES, UNWANTED/ACCIDENTAL CONTACT WITH OTHER PARTICIPANTS AND THEIR PLAYING EQUIPMENT, EQUIPMENT FAILURE, FAST-MOVING PLAYING EQUIPMENT (INCLUDING THINGS LIKE STICKS, BALLS, FLYING DISCS, JAVELINS, BATONS, BULLETS), CONTACT WITH THE PLAYING SURFACE AND SURROUNDING ELEMENTS, ENVIRONMENTAL CONDITIONS (INCLUDING WEATHER), BEING SHOT OR BURNED, SLIPPING, TRIPPING, FALLING (INCLUDING FALLING OUT OF BUNK BEDS), UNPREDICTABLE ANIMAL BEHAVIOR, LACERATIONS FROM SKATES, DROWNING, AND MY INDIVIDUAL SUSCEPTIBILITY TO HARM OR INJURY (WHETHER KNOWN OR UNKNOWN TO ME). THE RESULTS OF THESE AND OTHER INHERENT RISKS MAY INCLUDE, BUT ARE NOT LIMITED TO, EYE INJURY, SERIOUS NECK AND SPINAL INJURIES, COMPLETE OR PARTIAL PARALYSIS AND/OR BRAIN DAMAGE, SERIOUS INJURY TO INTERNAL ORGANS, BONES, JOINTS, LIGAMENTS, MUSCLES, TENDONS, AND OTHER ASPECTS OF MY MUSCULOSKELETAL SYSTEM, CONCUSSIONS, SPRAINS, AND OTHER SERIOUS INJURY OR IMPAIRMENT TO OTHER ASPECTS OF MY BODY, AND MY GENERAL HEALTH AND WELL-BEING.

WAIVER; RELEASE. TO THE EXTENT PERMITTED BY LAW, I HEREBY IRREVOCABLY AND UNCONDITIONALLY WAIVE, RELEASE AND FOREVER DISCHARGE VIRGINIA AMATEUR SPORTS, INC. FROM AND AGAINST ANY AND ALL LIABILITY ASSOCIATED WITH DAMAGES, OTHER THAN PERSONAL INJURY, SUFFERED BY ME WHILE PARTICIPATING IN OR ATTENDING THE GAMES.

GOVERNING LAW; FORUM SELECTION; SEVERABILITY: THIS DOCUMENT WILL BE GOVERNED BY VIRGINIA LAW. ANY LEGAL ACTION OR CLAIM ARISING OUT OF OR RELATING TO IT OR MY PARTICIPATION IN THE GAMES MUST BE BROUGHT IN A STATE COURT SITTING IN LYNCHBURG, VA. IF ANY PROVISION HEREIN IS FOUND TO BE INVALID OR UNENFORCEABLE, THE OTHER PROVISIONS WILL REMAIN IN FULL FORCE AND EFFECT.

MEDICAL FITNESS AND TREATMENT AUTHORIZATION: I AGREE THAT I AM IN SUFFICIENTLY GOOD HEALTH TO PARTICIPATE IN THE GAMES AND THAT I AM FREE FROM ANY MEDICAL CONDITION, PHYSICAL OR MENTAL, THAT COULD INTERFERE WITH MY ABILITY TO PARTICIPATE OR THAT COULD BE WORSENERED BY PARTICIPATING OR THAT COULD ENDANGER MY HEALTH OR SAFETY OR THE HEALTH OR SAFETY OF OTHER PARTICIPANTS. IN THE EVENT OF AN INJURY, ILLNESS, AND/OR ACCIDENT INVOLVING ME, I HEREBY CONSENT TO FIRST AID TREATMENT FROM VIRGINIA AMATEUR SPORTS STAFF AND TO ANY MEDICAL TREATMENT THAT MEDICAL PROFESSIONALS BELIEVE ARE IN MY BEST INTEREST. I FURTHER GRANT VIRGINIA AMATEUR SPORTS AND/OR ITS REPRESENTATIVE AUTHORITY TO TRANSPORT ME TO A HEALTHCARE PROVIDER AND TO REQUEST MEDICAL AND/OR HOSPITAL TREATMENT FOR MY BENEFIT IN THE EVENT OF ANY INJURY OR ILLNESS SUSTAINED BY ME WHILE PARTICIPATING IN THE GAMES. I ASSERT THAT EITHER I HAVE VALID AND CURRENT INSURANCE COVERAGE FOR ANY INJURY OR DAMAGE I MAY CAUSE OR SUFFER WHILE PARTICIPATING IN THE GAMES, OR I AGREE TO PERSONALLY BEAR THE COSTS OF SUCH INJURY OR DAMAGE, INCLUDING ANY CO-PAYS FROM SECONDARY INSURANCE, IF AVAILABLE.

CONSENT TO USE IMAGE AND SOUND: I HEREBY GRANT VIRGINIA AMATEUR SPORTS PERMISSION TO RECORD, USE, REPRODUCE, EDIT, DISPLAY, COPYRIGHT, AND PUBLISH PHOTOS, AUDIO RECORDINGS, AND/OR VIDEO OF ME WHILE I AM PARTICIPATING IN THE GAMES FOR THE PURPOSE OF PROMOTING THE GAMES AND VIRGINIA AMATEUR SPORTS.

PARTICIPANT CONSENT (REQUIRED OF ALL PARTICIPANTS, REGARDLESS OF AGE)

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS DOCUMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME ALL RISKS ASSOCIATED WITH THE ACTIVITIES AT THE GAMES.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

NAME OF PARTICIPANT: _____ AGE: _____ DATE OF BIRTH: _____

PARENT/GUARDIAN CONSENT (REQUIRED IF THE PARTICIPANT IS LESS THAN 18 YEARS OF AGE)

AS THE PARENT AND/OR LEGAL GUARDIAN TO THE MINOR PARTICIPANT IDENTIFIED ABOVE, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS DOCUMENT, I AGREE TO ALL OF THE TERMS ABOVE AND ADOPT ALL REPRESENTATIONS, CONSENTS, AND ACKNOWLEDGEMENTS MADE BY MY CHILD ABOVE, BOTH PERSONALLY AND ON BEHALF OF MY CHILD, AND HEREBY ASSUME THE RISK THAT THE MINOR PARTICIPANT MAY BE INJURED WHILE PARTICIPATING IN ACTIVITIES AT THE GAMES.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____ DATE: _____

NAME OF PARENT/LEGAL GUARDIAN (PRINT): _____