



2018 Virginia Commonwealth Games at Liberty University Jujitsu 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, Masters, Youth, Visually Impaired and Senior Female Divisions complete certification below:**

I, _____, a Jujitsu Instructor, who has been awarded the Jujitsu rank of black belt, 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 Jujitsu 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 _____ Date: _____

Division – Please check beside

Entry FEES

Boys: 10-12 _____ 13-16 _____ 17-19 _____

Entry FEE \$ _____

Weight class: _____ weight in pounds (1kg = 2.2 pounds) – **No arm-bars will be allowed in any novice categories**

Girls: 10-12 _____ 13-16 _____ 17-19 _____

Entry FEE \$ _____

Weight class: _____ weight in pounds (1kg = 2.2 pounds) – **No arm-bars will be allowed in any novice categories**

Masters – Men 30-39 _____ 40-49 _____ 50 & over _____

Entry FEE \$ _____

Weight class: _____ weight in pounds (1kg = 2.2 pounds)

MASTER – WOMEN _____

ENTRY FEE \$ _____

WEIGHT CLASS: _____ **WEIGHT IN POUNDS (1KG = 2.2 POUNDS)**

Senior Novice Women _____

Entry FEE \$ _____

Weight class: _____ weight in pounds (1kg = 2.2 pounds)

Senior Women _____

Entry FEE \$ _____

Weight class: _____ weight in pounds (1kg = 2.2 pounds)

NEW Visually Impaired Women _____

Entry FEE \$ _____

Senior Men: _____ Sankyu & below _____ Nikkiyu & above _____

Entry FEE \$ _____

Weight class: _____ weight in pounds (1kg = 2.2 pounds)

NEW Visually Impaired Men _____

Entry FEE \$ _____



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 worsened 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 provide 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): _____

**WARNING, WAIVER, RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND REQUEST TO PARTICIPATE**

THIS AGREEMENT MUST BE SIGNED BY ALL MEMBERS WHO WISH TO PARTICIPATE IN ANY ACTIVITY OF THE Roanoke Kudokan Judo, Inc. CLUB

In consideration of being allowed to participate in the activities of the ROANOKE KUDOKAN JUDO, INC CLUB, I:

1. Recognize and understand that martial arts training is a physical contact activity and that my participation might result in serious injury, including permanent disability, traumatic brain injury or death, and severe social and economic loss.
2. Recognize and understand that such risk may be due to, not only my own actions, but also the action, inaction or negligence of others, the regulations of participation, or the conditions of the premises or of any of the equipment used.
3. Recognize that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time.
4. Agree to inspect the facilities, equipment and pairings prior to participation. I will immediately inform an instructor if I believe that anything is unsafe or beyond my capability and refuse to participate.
5. Assume all the foregoing risks and accept personal responsibility for any damages that may result from injury, permanent disability or death.
6. Enter martial arts training and/or competition entirely of my own free will and understand the importance of following the rules of training and competition. I agree to abide by the instructions given except as provided in item 4 above.
7. Have no disease, injury, or other condition that might cause harm to me, or others, while engaging in close physical activity with others.
8. I certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training practice and/or competition.
9. Grant permission in case of injury to have a doctor, nurse, athletic training or other emergency medical personnel provide me with medical assistance or treatment for such injury.
10. Release, waive, discharge and covenant not to sue the Roanoke Kudokan Judo, Inc. Club, United States Judo Association, Virginia Judo Inc., United States Judo Inc., affiliated organizations and national governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents, and if applicable, owners and leasers of the premises from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE, AND AGREEMENT TO PARTICIPATE.
I UNDERSTAND ITS CONTENTS AND DO HEREBY SIGN IT VOLUNTARILY.

Printed Name	Signature	Date
Phone	E-mail	
Printed Name of Parent or Guardian if under 21	Signature	Date