



AUSTRALIAN KODOKAN JUDO ASSOCIATION

2013 IMAG Open Judo Championships Entry Form

Participants Surname:

First names

Address:

Suburb:

Post Code:

Country (if not Australia)

Date of Birth

Age:

Sex: (M or F)

Judo Grade:

Weight:

Home Phone Number

Mobile/Business Ph:

Emergency Contact Name - 1:

Contact Phone Number:

Emergency Contact Name - 2:

Contact Phone Number:

MEDICAL INFORMATION

1. *Any pre-existing medical conditions?* *Y/N (If so please state)*

2. *If so, what medications are you taking or prescribed?*

3. *Do you have any allergies?* *Y/N (If so, please state)*

4. *Are you allergic to penicillin or any other medications?* *Y/N (Please state)*

WARNING, WAIVER & RELEASE OF LIABILITY

In consideration of being permitted to participate in anyway, including travel to and from Judo Tournaments and related events and activities of the Australian Kodokan Judo Association Incorporated, the World Judo Federation or the Victoria Amateur Judo Union or affiliate bodies, 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 decisions, and the elimination or scoring system to be used. If I believe anything is unsafe or beyond my capability, I will immediately advise my coach or supervisor of such conditions & refuse to participate.
3. Acknowledge & fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses. This may be due to not only my own actions, in-actions or negligence, but also to the actions, in-actions or negligence of others, the rules of the sport of Judo or conditions of the premises or of any equipment used.
4. Knowing the risks involved in the sport of Judo, assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. I release, waive & discharge the Australian Kodokan Judo Association Incorporated, the World Judo Federation and the Victoria Amateur Judo Union together with their affiliated bodies, their respective administrators, directors, agents, coaches and other employees or volunteers of the organisation, some examples being – event officials, medical personnel, other participants, their parents, guardians, supervisors & coaches, sponsoring agencies, sponsors, advertisers & if applicable, owners, lessors, & lessees of the premises used to conduct the event, all of whom are herein referred to as “releasees” from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property caused or alleged to have been caused in whole or in part by the negligence of the “releasees” or otherwise.
6. Parents or legal Guardians or minor participants (Under 18 years) additionally agree that they will instruct the minor participant about the above Warnings & Conditions and their ramifications and that they consent to the minor’s participation.

I have read the above warning, waiver & release. I understand that I give up substantial rights by signing it, and knowing this, I sign it voluntarily. I agree to participate knowing the risks & conditions involved & do so entirely of my own free will.

Participants Name:

Signature:

Date:

Signed (Parent or Guardian for Minor)

Date: