

JULY 7TH RIVERSIDE, CA. USA
**PAN AMERICAN
ADAPTIVE
JUDO GAMES**



INTERNATIONAL COMPETITOR

REGISTRATION ONLY

Sunday July 7th, 2023, at 8:00 AM

Riverside Convention Center
3637 Fifth Street, Riverside CA

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

Date of Birth _____ AGE _____ APPROXIMATE WEIGHT _____

ADDRESS _____

PHONE # _____ PHONE/TEXT# _____

EMAIL ADDRESS (must be legible) _____

PARENT/GUARDIAN NAME _____

I have given permission for my child/student to participate and have read all pertinent waivers/rules for the event
I also give permission to RYJC to enter my child/student into the Smoothcomp tournament site

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Please list ALL special needs or accommodations that the competitor will need _____

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 [2024 Pan American Adaptive Judo Games](#) and/or related events and activities of the Pan American Judo Confederation (PJC), United States Judo, Inc., Riverside Youth Judo Club, P.A.L., City of Riverside, Riverside Police Department, Riverside Police Foundation, The Riverside Convention Center, Tournament Directors, Tournament Organizers and Volunteers, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree that, prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, and/or a tournament official of such conditions and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including traumatic brain injury, permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, the rules of the sport of Judo, or 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 the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue The Pan American Judo Confederation (PJC), United States Judo, Inc., the Riverside Youth Judo Club, City of Riverside, Riverside Police Department, Riverside Police Foundation, the Riverside Convention Center, and the **2024 Pan American Adaptive Judo Games** together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and applicable owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses, or damages on account of injury, including traumatic brain injury, permanent disability and death or damage to property, caused or alleged to be caused in whole or in 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 DO SO ENTIRELY OF MY OWN 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 Name: _____ Participant's Signature: _____ Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)
This is to certify that the 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, 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. Have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent/Guardian's Name: _____ Parent/Guardian's Signature: _____ Date: _____