

APPLICATION FOR SANCTION

APPLICATION INFORMATION (FEE: \$35 PER EVENT)

SECTION 1: ALL TOURNAMENTS, SCRIMMAGES, CLINICS, CAMPS, AND OTHER COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION

SECTION 2: NAME OF CLUB APPLYING FOR SANCTION

CLUB: Judo Jujitsu Madison Inc

Name and Address of Club Official Requesting Sanction

Place and Location of Event:

Name: Osmil C. Millan
Address: 8402 Elderberry Rd.

Place: Judo Jujitsu Madison
Address: 6717 Odana Rd #10

City: Madison
State: WI Zip: 53717

City: Madison
State: WI Zip: 53719

Phone: (608) 577-8728 Fax: ()

Phone: (608) 577-8728 Fax: ()

Chartered Club: Yes No

(Edged weapons are prohibited at any event.)

SECTION 3: EVENT IDENTIFICATION

Name of Event: School Break Judo Camp

Date(s): August 28 - September 1, 2023

PLEASE CIRCLE ALL THAT APPLY:

Number of Participants Expected:

Type of Event:	<input type="checkbox"/> Tournament	<input type="checkbox"/> Clinic	<input checked="" type="checkbox"/> Camp	<input type="checkbox"/> Scrimmage	<input type="checkbox"/> Other
Competition:	<input type="checkbox"/> Juniors	<input type="checkbox"/> Seniors	<input type="checkbox"/> Masters	<input type="checkbox"/> Kata	<input type="checkbox"/> Coed (USJF Only)
Level:	<input type="checkbox"/> Local	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Regional	<input type="checkbox"/> National	

SECTION 4: CERTIFICATION BY REQUESTING OFFICIAL

In applying for this sanction, the undersigned agrees:

- 1 To abide by the terms and conditions for sanctioned events. This includes 2013 IJF Rules.
- 2 To permit membership registration at the event and to provide the necessary forms for such registration.
- 3 To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the sanctioning authority within five days of the completion of the event.
- 4 **Provide copies of the entry form, general information sheet and waiver and release form with application to the USJA National Headquarters. Your sanction will not be approved if these items are not submitted.**
- 5 Failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.
- 6 To post the sanction for the event in public view at the tournament site.
- 7 My signature indicates I am thoroughly informed of all the safety rules and regulations regarding a sanctioned event and that I have read and understand the report from the Presidents of the three Judo Organizations in the United States.

Osmil C. Millan

7/24/23

(Signature of Official Applying for Sanction)

(Date)

Total Sanction Fee Enclosed: \$ 35

Sanction Number:

Approval By:

Date:

Note: Third parties requesting to be named as additional insured's may be done by completing a certificate of insurance request form for a sanctioned event.

SCHOOL BREAK JUDO CAMP

MONDAY, 8-28-FRIDAY, 9-1

USJA Sanction pending

JUDO JUJITSU MADISON

6717 Odana Rd. #10

Madison WI 53719

608-577-8728

TIME: 8:30AM-5:30PM

**ATTIRE: Judo Gi, Running gear and a
cold lunch,**

**CLINICIAN: Sensei Os. Millan
International Coach/Referee.**

**If you are not a USJA or USJF member,
You may purchase for \$10, a USJA
membership to attend USJA
Sanctioned events.**

COST: \$200.00

Paid Y N

JUDO CAMP APPLICATION

AUGUST 28-SEPTEMBER 1, 2023

NAME: _____

ADDRESS: _____

RANK: _____

SCHOOL _____

AGE ___ **GENDER** M F

MEMBERSHIP #: USJA USJF

USJA \$10, 10 DAYS: YES NO

Judo-Jujitsu Madison Inc
WARNING, WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK

THIS AGREEMENT MUST BE SIGNED BY ALL PERSONS WHO WISH TO PARTICIPATE IN ANY Judo-Jujitsu Madison Inc CLASS, EVENT, OR ACTIVITY.

In consideration of Participants name _____ being allowed memberships and/or to participate in any way in the classes, events, and/or activities Judo-Jujitsu Madison, Inc.,

I, _____ ("participant")

And/or _____ (parent or legal guardian name) on behalf of participant under the age of 18 years:

Phone:

Email:

Address:

Emergency Contact Name:

Emergency Contact Phone:

1. Recognize and understand that martial arts training, including but not limited to judo, is an activity that involves physical contact and that my participation might result in serious injury, including permanent disability or even death, and severe social and economic loss.
2. Recognize and understand that such risk may be due to not only participant's 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 participant or to others or not reasonably foreseeable at this time.
4. Agree to inspect the facilities, equipment and pairings prior to participation and will immediately inform an instructor if I believe that anything is unsafe or beyond participants capability and refuse to participate.
5. Assume all of the foregoing risks and accept personal responsibility for any damages that may result from injury, permanent disability or death of participant.
6. Participate in martial arts training and/or competition entirely of participant's own free will and understand the importance of following the rules of training and competition.
7. Certify that participant is in good physical condition, and has no disease, injury or other condition that would impair participant's performance or physical and mental well-being during intense training practice and/or competition.
8. Grant permission in case of injury to have a doctor, nurse, athletic training or other emergency medical personnel provide participant with medical assistance or treatment for such injury.
9. Release, waive, discharge and covenant not to sue, Judo-Jujitsu Madison, Inc., its affiliated organizations and governing bodies (USJA and USJF), their officers, directors, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents, and if applicable the aforementioned persons and organizations as owners and lessors 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 Judo-Jujitsu Madison, Inc., its affiliated organizations and governing bodies, their officers, directors, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents.
10. Photographs and images/video may be taken at any time. Your attendance at this activity will constitute your irrevocable consent to be photographed, videotaped, and recorded, your irrevocable consent in the use of your likeness by Judo Jujitsu Madison and other acting on their behalf, for the purposes of advertising and promotion in any media, throughout the world perpetuity, including but not limited to television, and the world wide web, and your waiver of any compensation or permission for such use.
11. I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE, AND ASSUMPTION OF RISK. I FULLY AND UNDERSTAND ITS CONTENTS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HEREBY SIGN IT VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY.



Participant's Printed Name

Signature of Participant or Parent or Guardian

Date