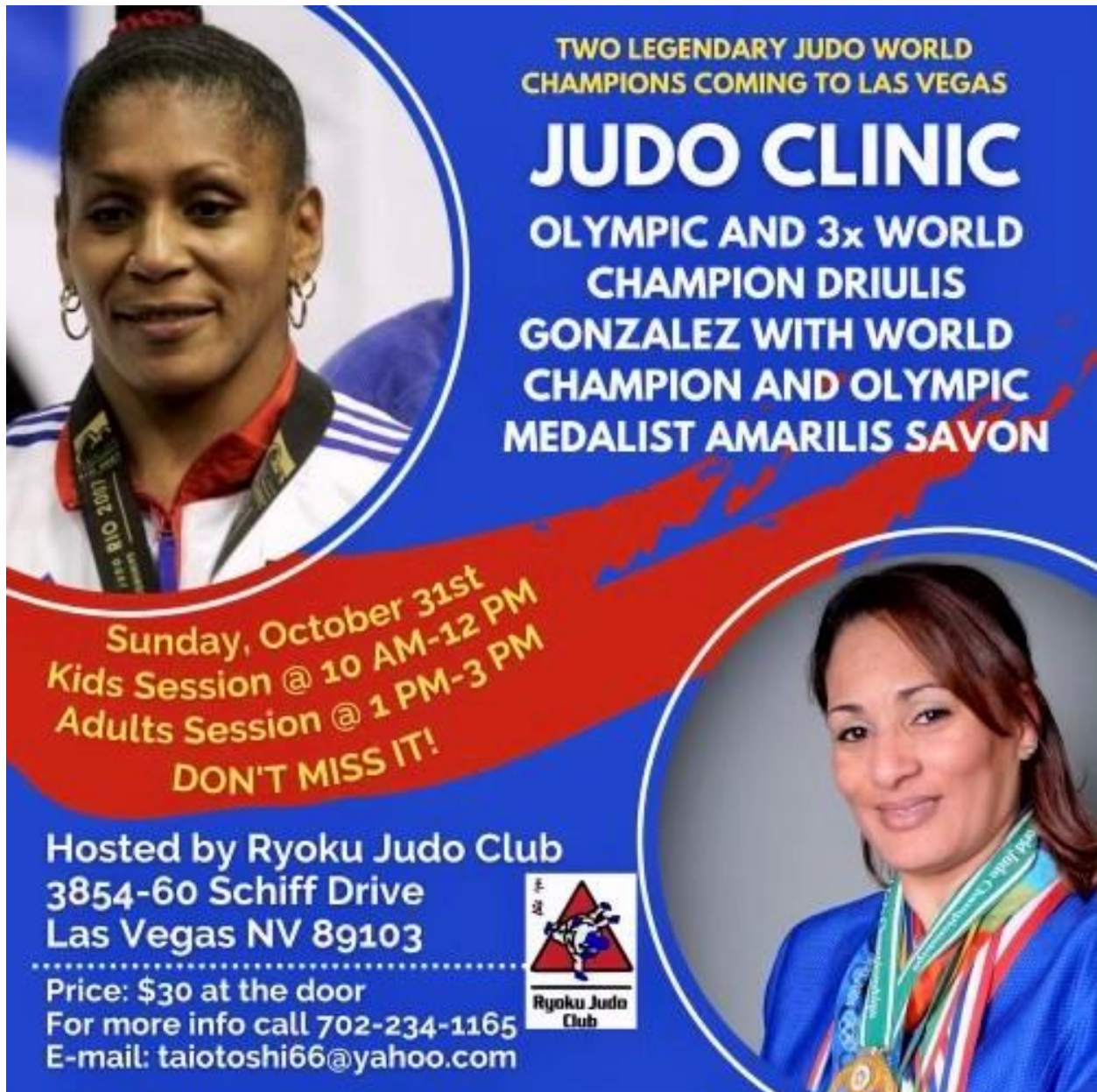


THE LAS VEGAS **TRICK OR SWEEP** WEEKEND CONTINUES SUNDAY OCTOBER 31, 2021 WITH A BLOCKBUSTER CLINIC FEATURING TWO OF THE WORLD'S TOP WOMEN JUDOKA



TWO LEGENDARY JUDO WORLD CHAMPIONS COMING TO LAS VEGAS


JUDO CLINIC

OLYMPIC AND 3x WORLD CHAMPION DRIULIS GONZALEZ WITH WORLD CHAMPION AND OLYMPIC MEDALIST AMARILIS SAVON

Sunday, October 31st
Kids Session @ 10 AM-12 PM
Adults Session @ 1 PM-3 PM
DON'T MISS IT!

Hosted by Ryoku Judo Club
3854-60 Schiff Drive
Las Vegas NV 89103

Price: \$30 at the door
For more info call 702-234-1165
E-mail: taiotoshi66@yahoo.com



Sanctioned by the USJA

Driulis Gonzalez and Amariis Savon Clinic

October 31, 2021

Ryoku Judo Club

-----REGISTRATION FORM-----

PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____ Sex: _____

Last, / First / MI

Birth Date: ___ / ___ / ___ Age: ___ Dojo / Club: _____

Address: _____

Street / City / State / Zip Code

Phone: (____) _____ Email Address _____

USJA, USJF, or USA Judo Membership # _____ Expiration Date _____

Rank: _____ Awarded By: _____

Do you have a disability as recognized by the Americans with Disabilities Act as Amended? ___ Yes ___ No

___ Vision Loss/Blindness ___ Hearing loss/Deafness ___ Other _____

Type of assistance/accommodation requested or name of person assisting & contact info (Optional)

Emergency Contact: _____ Phone: (____) _____

Name

Address: _____

Street / City / State / Zip Code

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 **Driulis Gonzalez and Amariis Savon Clinic** at Ryoku Judo or any Judo tournament, practice, and related events and activities of the United States Judo Association, United States Judo Federation, USA Judo/United States Judo, Inc., I agree and affirm that:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.
2. I further acknowledge 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. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, including 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, illness, disease, permanent disability, or death.
5. I hereby release, waive, discharge and covenant not to sue the United States Judo Association, Inc., United States Judo Federation, Inc., USA Judo/United States Judo, Inc., Ryoku Judo Club, Sergio Sanchez, Driulis Gonzalez and Amariis Savon together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if 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 litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. 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/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant	Participant's Signature	Date
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FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 18 AT TIME OF REGISTRATION)
 This is to certify that I, as parent/legal 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, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent/Legal Guardian	Parent/Legal Guardian's Signature	Date
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