



Grassroots Clinic and Workout

Sponsored by: USJA, USJF, and Liberty Bell Judo
Sanctioned by: USJF #07-12-06
Date: December 15 and 16, 2007
Place: Liberty Bell Judo/Sambo Academy
51 Buck Road Huntingdon Valley PA 19006
Coordinator: Lou Moyerman 215 313 2098 or Lmoyerman@aol.com

FOURS HOURS of JUDO EACH DAY – SEVERAL EXCELLENT CLINICIANS

Eligibility: All judokas 13 and over with prior judo experience, no beginners.
All participants must have a current USJI, USJA, or USJF card

Times: Saturday 12/15: 1:30 – 3:30 and 4:00 – 6:00
Sunday 12/16: 11:00 – 1:00 and 1:30 – 3:30

Clinicians: Joe Condello – Liberty Bell Judo
Grace Jividen – US Olympian
Anatoliy Kenis – Liberty Bell Judo
Julie Langou/Taillandier – French National Champion
Parnel Legros – Starrett Judo
Noriko Narazaki – World Champion & Olympic Medallist
Chris Sauveur Soriano – Westchester Judo

Fees: USJF & USJA member rate: \$20.00 per day
Other memberships rate: \$30 per day
Make checks out to, “Liberty Bell Judo”
No advance registration is needed but **is preferred & appreciated.**

Hotel: Radisson – 215 638 8300 mention Liberty Bell for special rate

Directions: The judo club is located on Buck road between County Line Road and Street Road. From the PA turnpike exit the Phila.exit and follow route # 1 south. Just off the exit turn right onto Street Road route 132 west Follow street road approximately 4/5 miles to Buck road and turn left. You can only turn left at the light, a RR bridge is in front of you and there is no right turn possible. Buck road is one light past Pa Blvd. Follow Buck Road (be careful 25 zone) past houses and a ball field on the left until the warehouse section. The club is in the last set of warehouses in the back.



Grassroots Clinic and Workout ENTRY FORM

USJF Sanctioned Event # 07-12-06

Mail to: Louis Moyerman
9821 Ferndale St
Philadelphia PA 19115

Make checks payable to Liberty Bell Judo

Fees: USJA and USJF members \$20.00 per day
All others \$30.00 per day

Info: contact Lou at Lmoyerman@aol.com or 215 313 2098

NAME _____ AGE _____

CLUB _____ RANK _____

Membership # _____ EXP DATE _____

USJF ___ USJA _____ USJI _____

All participants must sign a standard liability waiver to participate. No one will be permitted on the mat without a signed waiver.

Special thanks to the USJA and USJF for their assistance in sponsoring this grassroots clinic and workout. Because of their efforts this event is happening.

Our clinicians have untold years of judo competition, coaching and teaching at all levels. Chris was a member of the French national team. Parnell, an Olympian for Haiti. Tony, number 2 ranked 100+ elite athlete for USA judo. Joe, a bronze medallist in our Olympic Festival. Grace was a member of our Olympic team, Julie was a French national champion, and Noriko was a world champion and olympic medallist. Just to mention a few of the qualifications of the clinicians.

Do not miss this great opportunity to learn and workout with judokas from around the world.

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, in any Judo tournament, practice, clinic, and related events and activities of the **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, Inc., Liberty Bell Judo Club, Liberty Bell Judo/Sambo Academy, Northeast Y, Lincoln High School, and the District of Philadelphia**, 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 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 **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, Inc., Liberty Bell Judo Club, Liberty Bell Judo/Sambo Academy, Northeast Y, Lincoln High School, and the District of Philadelphia**, 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 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 claims, demands, losses, or damages on account of injury, including 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	Participant's Signature	Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as 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, 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 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/Guardian	Parent/Guardian's Signature	Date