

Kodokan Goshin Jitsu Clinic

March 18, 2011

&

Virgil J. Bowles

Memorial Kata Invitational

March 19, 2011

Hosted by:

Marion PAL Judo

&

Community School of the Arts

Sponsored by:

Indiana Judo Inc

Marion, Indiana

USJA Sanction # (applied for)

**Location: Community School of the Arts
305 South Adams Street
Marion, IN. 46953**

**Event Director: John P. Hampton
Judojph57@yahoo.com**

Nearby motel accommodations:

Comfort Suites, 1345 N. Baldwin Ave. Marion, IN. 46952. Tx: 765-651-1006

Hampton Inn, 1502 N. Baldwin Ave. Marion, IN. 46952 Tx: 765-662-6656

Head Clinician and Kata Judge Sensei Eiko Sheppard Shichidan

Sensei Eiko Sheppard, is the Co-Chair USJF Kata Development and Certification Committee and an internationally renowned instructor and judge

Contestants must have valid USJF, USJA or USA Judo membership card.
Applications will be available at tournament site

Kata Clinic and Registration (Friday, March 18, 2011)

- 3pm to 4pm-Registration at venue, Clinic will be from 4:00pm to 10:00pm
- Total fee for the clinic is \$40.00 per person

Kodokan Goshin Jitsu also known as the modern self defense kata was established in 1956 in response to changes in the types of weapons used by an attacker. This kata consists of 21 attacks and defenses some unarmed and others armed. Uke uses a stick, a knife and a gun. Tori uses a combination of nage waza, atemi waza and kensetsu waza applied to wrist and elbow joints to disable and disarm uke. This kata is also practiced as a part of Tomiki Aikido. Kodokan Goshin Jitsu is contested at the regional, national and international level. Weapons will be available on loan (courtesy Virgil's Judo)

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Virgil J. Bowles Memorial Kata Invitational (Saturday, March 19, 2011)

- 8am-10am-Registration at venue; Competition begins at 10:30 am
- Teams for all divisions may be same or mixed gender
- Awards will be given in each Kata division
- Over all Kata team will be awarded the Virgil Bowles Kata Cup
- \$50.00 (US) per team/ 20.00 additional Kata or \$100.00 for all five Kata
- Jr. Novice division 25.00 per team

Kata Divisions Circle each Kata competing in

Senior and Junior (combined)

Nage-No-Kata, Katame-No-Kata, Ju-No-Kata, Kodokan Goshin Jitsu, Kime-No-Kata

Junior Novice

Nage-No-Kata

1st 3 sets only

(te-waza, koshi-waza, ashi-waza)

**Each kata contestant must have a signed waiver form entry form
Checks made payable to Indiana Judo Inc**

Tori _____

Uke _____

Club _____

Club _____

Contact info _____

Contact info _____

**Make checks payable to Indiana Judo Inc.
Send to: John P. Hampton
2304 N. Benton Rd. Muncie, IN 47304**

CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, _____ (Print Name of Instructor), a Judo Instructor, who has been awarded the Judo rank of Shodan or higher by USA Judo, USJA, USJF (circle one) hereby certify that the above named Contestant is of sufficient aptitude and skill in Judo to compete in this tournament.

Signature of Judo Instructor

Date

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, Kodokan Goshin Jitsu Clinic, Virgil J. Bowles Memorial Kata Invitational and related events and activities of the United States Judo Association (USJA), Indiana Judo, Inc., Marion PAL Club Judo, United States Judo, Inc. (USA Judo), United States Judo Federation (USJF), the Community School of the Arts.

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 sever social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inactions or negligence of others, the rules of the of the sport of Judo, or conditions of the premises or 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 Association (USJA), Indiana Judo, Inc., Marion PAL Club Judo, United States Judo, Inc. (USA Judo), United States Judo Federation (USJF), the Community School of the Arts , 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 to conduct the even, all of whom are hereinafter referred to as "Releasee," from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee 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 AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISK 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 EVIDENCE 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.

Print Name of Participant

Signature

Date

FOR PARENTS / GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE 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 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.

Print Name of Parent / Guardian

Signature

Date