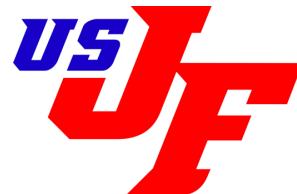


United States Judo Federation, Inc. (USJF)

New/Renewing Regular/Primary Individual Membership

OR Renewing Life/President's Club Life Membership

Use This Application To Join Or Renew Membership In United States Judo Federation



1 Application Date					
2 Last Name			3 First Name		4 Middle Initial
5 Address					
6 City				7 State	8 Zip Code
9 Home Phone		10 Work Phone		11 FAX	
12 Mobile Phone		13 E-Mail			
14 Date of Birth	15 Age	16 Sex <input type="checkbox"/> Female <input type="checkbox"/> Male			
18 USJF ID #		19 USJF Life #		20 Judo Rank & Rank ID #	
21 Dojo/Club					
22 Yudanshakai					
23 Name & Address of Insurance Beneficiary					
24 Membership Fees Choose either the Regular Membership or the Renewing Life/President's Club Life Membership • Excess Accident Medical Insurance is included with the Regular/Primary Membership and the Renewing Life/President's Club Life Membership. Life Members & President's Club Life Members should call the National Office or check with their Yudanshakai for the correct renewal fee. Please make sure you select the appropriate term and membership type as USJF will not refund your membership fee. USJF reserves the right to extend membership terms at its sole discretion.					
New or Renewing Regular Member <input type="checkbox"/> \$80.00			Renewing Life or President's Club Life Members <input type="checkbox"/> \$52.50 <input type="checkbox"/> \$ _____		
25 Donations The USJF is a 501(c)(3) non-profit tax-exempt charity. Depending on your tax circumstance, donations may be tax deductible. Please consult with your tax professional. Balch, Fitzsimmons, Fukuda, Kitaura, Lee, Osako, Palacio, & Saito are all Endowment Trust scholarship/grant programs. The General Endowment provides support to Development Committee programs. Operations are for the general operations fund. Please contact the National Office for more additional information.					
<input type="checkbox"/> George Balch \$ _____	<input type="checkbox"/> J. Fitzsimmons \$ _____	<input type="checkbox"/> Keiko Fukuda \$ _____	<input type="checkbox"/> General Endow \$ _____	<input type="checkbox"/> Eichi Koiwai \$ _____	<input type="checkbox"/> Tamo Kitaura \$ _____
<input type="checkbox"/> Elizabeth Lee \$ _____	<input type="checkbox"/> John Osako \$ _____	<input type="checkbox"/> Ben Palacio \$ _____	<input type="checkbox"/> Noboru Saito \$ _____	<input type="checkbox"/> Operations \$ _____	
26 Cash or Check Payment <i>Pls DO NOT MAIL CASH</i> <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check _____ <i>\$40 RETURNED CHECK FEE</i> <input type="checkbox"/> Amount _____ <input type="checkbox"/> Initials _____			27 Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name on Card _____ Issuing Bank _____ Account # _____ Exp Date _____ V-Code _____ Card Billing Address _____ Cardholder Signature _____		
28 Signature of APPLICANT		29 Date	30 Signature of Parent/Legal Guardian (<i>Req'd if Applicant under 18</i>)		31 Date

***** RELEASE (pg 2) MUST BE SIGNED FOR THIS APPLICATION TO BE VALID • MAKE A COPY FOR YOUR RECORDS *****

Submit to Yudanshakai or Mail to: USJF, PO Box 338, Ontario, OR 97914-0338 • Phone (541) 889-8753 • FAX (541) 889-5836 • www.usjf.com • no@usjf.com

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 ("Activity") of the **United States Judo Federation, Inc.**, and the officers, employees, volunteers, and agents, I agree:

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, including United States Judo Federation, 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 (Releasees), 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 Federation, Inc.**, 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

**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 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