

# Judo Grappling Clinic

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**Featuring International Competitor  
and Nationally Ranked Judoka  
David Ellis**



**Clinic will be hybrid training session melding the  
ground game of Judo with Brazilian Jiu Jitsu**

## When & Where

### North Jersey Judo

574 Newark Pompton Turnpike  
Pompton Plains, NJ 07442  
201-206-2705

[ramon@northjerseyjudo.com](mailto:ramon@northjerseyjudo.com)  
[www.northjerseyjudo.com](http://www.northjerseyjudo.com)

Saturday March 22, 2008 @ 5pm

Price: \$20.00 Pre-Registration by Mar 15th  
\$30.00 Late Registration @ the door

## Important Notice

Clinic will be capped at 40 participants!

## North Jersey Judo Clinic & Training Session - Entry Form

**When/Where:** Saturday, March 22, 2008 - 5pm to 8pm.

**How much:** \$20 for Saturday clinic postmarked before March 15<sup>th</sup>. Must pre-register and send a check to confirm your spot for this clinic.

Last Name: _____	First Name: _____
Age: _____	Rank: _____
Club: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street: _____	City/Town: _____ State: ____ Zip: _____
Membership Card: <input type="checkbox"/> USJI <input type="checkbox"/> USJA <input type="checkbox"/> USJF <input type="checkbox"/> Other: _____	Card #: _____
E-mail address: _____	

**WARNING! WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE (CLINIC)**

In consideration of being permitted to participate in any way, including travel to and from, North Jersey Judo Dojo for David Ellis clinic, 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 or facilities to be used, and, if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, David Ellis (Featured Speaker) and/or a Clinic Director (Ramon Hernandez Owner & Operator of North Jersey Judo, LLC) 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 to not only 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 North Jersey Judo, LLC , Ramon Hernandez and/or David Ellis together with their affiliated clubs, their respective administrators, directors, agents, coaches and other employees or volunteers of this 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 event, 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. 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 EVIDENCED BY THEIR SIGNATURE BELOW.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
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's Printed Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date