USA JUDO and JUJITSU FAMILY MEMBERSHIP WAIVERS

FAMILY MEMBER #2 NAME:		
I certify that all of the above is true and I	am eligible to be a member of USA	Judo in accordance with the rules of USA Judo.
Signature:		Date:
Signature of Parent/Guardian if applicant under 18:		Date:
virtue of injuries or damages caused in con	Il claims demands and causes of act njunction with or arising out of men w and understand the risks involved	ions or any other liabilities which may arise by nbership with USA Judo and the action or lack in the sport of Judo/Jujitsu and do hereby assume
Signature:	Printed Name:	Date:
understand the foregoing waiver and releasubstantial rights by signing tor submitting	se of liability agreement. I explained the application and instructing her	he applicant, a minor. I state that I have read and d to the applicant that he/she is giving up /him of the ramifications and that I/we consent to Jujitsu practices, clinics and events sanctioned or
Signature:	Printed Name:	Date:
FAMILY MEMBER #3 NAME: I certify that all of the above is true and I a Signature:		Judo in accordance with the rules of USA Judo. Date:
Signature of Parent/Guardian if applicant	under 18:	
		Date:
virtue of injuries or damages caused in co	Il claims demands and causes of act njunction with or arising out of men w and understand the risks involved	ions or any other liabilities which may arise by nbership with USA Judo and the action or lack in the sport of Judo/Jujitsu and do hereby assume
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Signature:	Printed Name:	Date:

FAMILY MEMBER #4 NAME :		
I certify that all of the above is true and	d I am eligible to be a member of USA Ju	ado in accordance with the rules of USA Judo.
Signature:		Date:
Signature of Parent/Guardian if applica	ant under 18:	Date:
permitted by law, USA Judo from or for virtue of injuries or damages caused in thereof of USA Judo and agree that I k	conjunction with or arising out of memb	ns or any other liabilities which may arise by ership with USA Judo and the action or lack the sport of Judo/Jujitsu and do hereby assume
Signature:	Printed Name:	Date:
understand the foregoing waiver and resubstantial rights by signing tor submit	elease of liability agreement. I explained ting the application and instructing her/h	e applicant, a minor. I state that I have read and to the applicant that he/she is giving up im of the ramifications and that I/we consent to jitsu practices, clinics and events sanctioned or
Signature:	Printed Name:	Date:
S:	d I am eligible to be a member of USA Ju	ndo in accordance with the rules of USA Judo. Date:
	. 1 10	
Signature of Parent/Guardian if applica	ant under 18:	Date:
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Signature:	Printed Name:	Date: