

Land of Lakes Open Judo Tournament - October 13, 2018

Competition date:	Saturday, October 13, 2018
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Sanction:	USA Judo Inc. (USA Judo sanction #145764)
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Competition site: ***NEW VENUE***	Eagan Community Center 1501 Central Parkway Eagan, MN 55121 651 675-5550
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NEW! Online pre-registration	Pre-registration using the online form is encouraged. Complete pre-registrations submitted before midnight, October 11, 2018 will be rewarded with a \$5 discount (total) off of the registration fee.
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Early registration and weigh-in:	Friday - October 12, 2018 6:30pm - 8:00pm Midway Judo Club 1068 S. Robert Street West Saint Paul, MN 55118 651-453-0403
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Registration and weigh-in:	Saturday - October 13, 2018 (at venue) Juniors: 8:00am - 9:00am *Strict Seniors & Masters: 8:00 - 10:00am Eagan Community Center (competition site)
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Competition starts:	Juniors: 11:00am Seniors & Masters: 1:00PM (if Juniors are done)
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Entry fees:	\$40.00 for Junior Tournament \$40.00 for Senior tournament \$20.00 for each additional division
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Checks payable to:	Midway Judo Club 1068 S. Robert Street West Saint Paul, MN 55118
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Questions:	Contact: Tim Stahr, Tournament Director tastahr@gmail.com (813) 957-7984
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Awards:	Gold, silver and bronze medals
Eligibility:	<p>Open to all USA Judo, USJA, USJF, ATJA or foreign country organization members. USA Judo Membership may be purchased at the venue.</p> <p>**Every player must present a current USA Judo, USJA, USJF, ATJA or non-USA national registration insurance card in order to compete. NO EXCEPTIONS!**</p> <p>The competitors will compete under the full responsibility of their federations. Insurance: Each national federation is responsible for insuring its competitors against injury and third party risk (public liability).</p>
Rules:	<p>Current IJF modified rules will be used No Choking under 13yrs No arm bars in Junior or Senior Novice Divisions</p>
Gi's	<p>Every competitor must have a white judo gi. Blue gi is only acceptable if competitor is on the blue side of the mat. No one will be allowed to compete in a blue gi if fighting as white. Female competitors must wear a white t-shirt underneath their gi.</p>
Draw type:	<p>Modified double elimination or round robin</p> <p>*in an effort to maximize the number of matches for each competitor, we will choose a draw type based on total number of players registered, the number of players in the division, and the time required to play out the draw.</p>
Match times:	<p>Junior Divisions - 3 minutes Senior Novice & Masters - 3 minutes Senior Female - 4 minutes Senior Male - 4 minutes</p>

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WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE (ALL COMPETITORS)

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, Inc., United States Judo Federation, United States Judo Association, American Traditional Jujutsu Association, Judo Minnesota Inc. (JMI), Midway Judo Club and Eagan Community Center, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.

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 or supervisor of such condition(s) 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 concussion, permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction 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 rules involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.

5. Release, waive and discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, United States Judo Association, American Traditional Jujutsu Association, Judo Minnesota Inc. (JMI) and 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, guardian(s), 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 "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 ON THE RELEASE FOR MINORS PAGE.

Participant (please print name)

Participant signature

Date

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RELEASE FOR MINORS

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 on the Waiver and Release of Liability Agreement, 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 on the Waiver and Release of Liability Agreement, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the warnings and conditions described on the Waiver and Release of Liability Agreement, and their ramifications.

Parent/Guardian (please print name)

Parent/guardian signature

Date

POWER OF ATTORNEY FOR MINORS PLAYING WITHOUT A PARENT/GUARDIAN PRESENT AT THE TOURNAMENT:

I certify that I am the parent or legal guardian of _____, a minor. I will not be in attendance at the Tournament and do hereby designate _____, who is over 21 years of age, to be my true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or exercise through any other person and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

Parent/guardian signature

Date

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CONCUSSION INFORMATION AND RELEASE FORM (MINORS ONLY)

Minnesota Statutes 121A.045 Certification for Officials and Coaches and Parents of participants in the 2018 Land of Lakes Open Tournament

Effective September 1, 2011, the Minnesota State Law requires the participating officials and coaches of youth sports programs do the following: A coach or official shall remove an athlete from participating in any activity when the athlete:

- exhibits signs, symptoms, or behaviors consistent with a concussion; or
- is suspected of sustaining a concussion.

In addition, when a coach or official removes an athlete from participating in the activity, the athlete shall not again participate in the sports activity until the athlete:

- no longer exhibits signs, symptoms, or behaviors consistent with a concussion;
- and is evaluated by a provider trained and experienced in evaluating and managing concussions and the provider gives the athlete written permission to again participate in the activity.

As per this new law, Judo Minnesota, Inc. is required to make information accessible to all participating coaches, officials, and athletes and their parents or guardians about the nature and risks of concussions, including the effects and risks of continuing to play after receiving a concussion, and the protocols and content, consistent with current medical knowledge from the Centers for Disease Control and Prevention, related to:

- the nature and risks of concussions associated with athletic activity;
- the signs, symptoms, and behaviors consistent with a concussion;
- the need to alert appropriate medical professionals for diagnosis and treatment when a concussion is suspected or observed;
- the need for an athlete who sustains a concussion to follow proper medical direction and protocols for treatment and returning to play; and
- require all participating coaches and officials to receive initial online training and online training at least once every three calendar years before a youth athlete participates in a youth athletic activity, require the youth athlete and the youth athlete's parent or guardian to sign and submit to a coach or other official a concussion information form indicating that the athlete received information about concussions.

By signing, you acknowledge that you have received a handout describing the information above or, if you are an official, acknowledge that you have completed the requisite training required by Minnesota State Law and agree to abide by it. Concerns or questions should be raised to tournament the director.

For Parents: As a parent of a youth participating in the Land of Lakes Open Judo Tournament, by signing below, I certify that I have received information about the serious nature of the concussions, and have been provided with a handout that describes concussion symptoms, the need for seeking urgent access to medical treatment, should my son or daughter experience a concussion and the importance of seeking permission to allow my son or daughter to return to the sports activity after a concussion.

Name (please print legibly)	Please sign below	Name of youth athlete (please print)