FEBRUARY 26TH AND 27TH, 2021

5TH ANNUAL LINCOLN MARTIAL ARTS KATA CLINIC WITH EIKO SHEPHERD



FEATURED KATAS THIS YEAR:

- KIME NO KATA - WITH DEMONSTRATION BY 2 TIME NATIONAL CHAMPIONS JIM STERNICK AND JOE SCHULTZ
- ITSUTSU NO KATA

SPONSORED BY SHO REI SHOBU KAN JUDO CLUB AND CJBBA

LINCOLN MARTIAL ARTS CENTER
4815 S. 19TH ST. SUITE D
LINCOLN, NE 68512

USJF SANCTION # 27-02-01

Clinician: Sensei Shepherd is one of the most sought-after kata clinicians in the country. Her ability to combine her kata knowledge with tournament application provides insights to all participants. **Eligibility:** Open to <u>all ages and levels</u> interested in improving their judo skills. Must belong to either USJF, USJA or USA Judo. Juniors are welcome to participate but must be focused and accompanied by an adult.	**Schedule:** Breaks at Sensei's discretion <u>Friday</u> 5 pm Registration 6:00 – 9:00 pm Instruction <u>Saturday</u> 8:30 am Registration 9:00 – 1:00 pm Instruction 1:00 – 2:00 pm Lunch* 2:30 – 6:00 pm Instruction 7:00 pm - Dinner Celebration * 7:00 – 8:00 pm Movie "Mrs. Judo" while we eat

* - Food included for both Lunch and Dinner on Saturday

Clinic Registration Fee:	**Postmarked By February 9***			**After February 9**		
	Fri only	Sat only	Full Clinic	Fri only	Sat only	Full Clinic
Single	$50	$80	$100	$70	$100	$130
Youth (-15 yrs.)	$40	$65	$80	$50	$80	$110
2 Person Team	$80	$140	$180	$120	$180	$240

* If emailing registration send to Mortimer_Snerd_1@yahoo.com

For further information about the clinic, dojo and location:

Clinic Organizer: John Bailey Mortimer_Snerd_1@yahoo.com	Dojo Website: www.lincolnmartialartscenter.com



Lincoln Martial Arts Center Registration Form

USJF Sanction #: 27-02-01

Name:_____ Phone:_____

Street Address:_____

City: _____ State:_____ Zip:_____

Club:_____ Sensei:_____

Sex:_____ Age:_____ Birth Date:_____ Rank:_____

E-mail Address: _____

Membership, Attendance and Payment		
Membership & Payment	**CARD NO. #** **USJF USJA USA Judo**	**Membership Expiration Date (Please Show card at check-in)**
Days Attending: _____Friday only _____Saturday only _____Full Clinic	**FEE**	
	CASH	**$**
	CREDIT	**$**
	CHECK	**$**

Clinic Registration Fee:	**Postmarked By February 2**			**After February 2**		
	Fri only	Sat only	Full Clinic	Fri only	Sat only	Full Clinic
Single	$50	$80	$100	$70	$100	$130
Youth (-15 yrs.)	$40	$65	$80	$50	$80	$110
2 Person Team	$80	$140	$180	$120	$180	$240
- Partner's Name						

- Make checks payable to:
  Lincoln Martial Arts Center
  memo: Judo Clinic
- Please send checks to:
  Lincoln Martial Arts Center
  4815 S. 14th St, Suite D,
  Lincoln NE 68512

&- If emailing registration send to Mortimer_Snerd_1@yahoo.com

If assistance/accommodation is needed check off appropriate area ___ Vision ___ Hearing
Type of assistance/accommodation requested or name of person assisting:_____

Medical Issues/Injuries? _____
Emergency Contact _____
Phone Number _____

Please include your partner's information with your registration (separate registration required)

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., Chicago Judo Yudanshakai, Inc., Sho-Rei-Shobu-Kan, Lincoln Martial Arts Center,** 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., Chicago Judo Yudanshakai, Inc., Sho-Rei-Shobu-Kan, and Lincoln Martial Arts Center** 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

UNITED STATES JUDO FEDERATION

Medical Committee

Mailing Address: PO Box 338, Ontario, OR 97914-0338
Telephone: (541) 889-8753
FAX: (541) 889-5836
Internet: www.usjf.com

USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

Testing:

1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
2. COVID testing is not a requirement from the USJF national office
3. Testing *may* be required at the discretion of the event medical director, depending on local conditions
4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

Vaccinations:

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. However, COVID-19 vaccines are highly encouraged.

Masking:

1. Masking should follow local/state health department guidelines
2. There is no masking requirement from the USJF national office

Symptom Screening:

1. Symptoms screening, visitor logs, or temperature checks are not required
2. Symptom screening *may* be performed at the discretion of the head sensei, or event medical director
3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

Hygiene:

1. Continue to sanitize/wash hands frequently
2. Clean mats and equipment regularly

Returning to Activity after COVID Infection:

1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines:
   https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html [cdc.gov]
2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
3. If you have any questions or concerns, please consult your personal physician