



The Way of The Warrior

JUJITSU AMERICA ANNUAL CONVENTION 2006

September 16-17, 2006

Clarion Greensboro Airport Hotel

415 Swing Road

Greensboro, NC 27409

tel: 336-299-7650

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: (DAY): _____ PHONE (EVE): _____ EMAIL: _____

RANK: _____ DOJO: _____ INSTRUCTOR: _____ JA MEMBER: Y or N
(Circle One)

***Note: JA Member is defined as being a current card holding member for 2005-2006**

**RELEASE FOR MEDICAL TREATMENT
PLEASE PRINT. ALL PARTICIPANTS MUST COMPLETE THIS FORM.**

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE (DAY) _____ PHONE (EVE) _____

MEDICAL COVERAGE OR FAMILY DOCTOR: _____ PHONE: _____

MEDICAL ID#: _____ ALLERGIES TO MEDICATIONS: _____

THE UNDERSIGNED HEREBY AUTHORIZE JUJITSU AMERICA CONVENTION COMMITTEE OR ITS DESIGNATED REPRESENTATIVE AS AGENT FOR THE UNDERSIGNED TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE, EITHER DIRECTLY OR UNDER THE SUPERVISION OF A PHYSICIAN OR AT AN APPROVED MEDICAL FACILITY, IF SUCH DIAGNOSIS OR TREATMENT IS DEEMED APPROPRIATE.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN (IF PARTICIPANT IS MINOR) _____ DATE: _____

RELEASE AGREEMENT: FOR AND IN CONSIDERATION ON MY PARTICIPATION IN THE FOREGOING EVENT SPONSORED BY JUJITSU AMERICA, I INTEND TO BE LEGALLY BOUND, HERBY MYSELF, MY HEIRS, AND ADMINSTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS TO DAMAGE OR CLAIMS I HAVE AGAINST SAID ORGANIZATION, ITS GOVERNING BODY, OFFICIALS, AND MEMBERS FOR INJURIES OR RIGHTS TO DAMAGES SUFFERED BY ME DIRECTLY OR INDIRECTLY AS A RESULT OF ATTENDING, PARTICIPATING IN, PRACTICING FOR, TRAVELING TO OR FROM SUCH EVENT, OR AGANST THE JUJITSU AMERICA CONVENTION COMMITTEE, CLARION HOTEL. ORGANIZATIONS, GOVERNING BODY STAFF, MEMBERS, OR INSTRUCTORS OF THE GYMNASIUM, DOJO, SCHOOL OR PLACE HELD. I FURTHER CERTIFY THAT I AM IN PROPER HEALTH AND PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITIES.

PARTICIPANT'S SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN (IF PARTICIPANT IS MINOR) _____ DATE: _____

Mail Form To: Jujitsu America Annual Convention
C/O Judie Kasper
2822 Elmhurst Circle
Fairfield, CA 94533