



**JUJITSU AMERICA CLINIC
SEPTEMBER 17, 2005
Cahill's Judo Academy
Instructor: Sensei Ed Melaugh**

NAME: _____ AGE: _____

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

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

EMAIL: _____

DOJO: _____ INSTRUCTOR: _____ RANK: _____ JA MEMBER Y or N

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

Release agreement: For and in consideration of my participation in the foregoing event sponsored by Jujitsu America, I intend to be legally bound, hereby myself, my heirs, and administrators, waive and release any and all rights to damage or claims 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 against Jujitsu America, Cahill's Judo Academy, Willy Cahill, Ed Melaugh, governing body, staff members, or instructors. I further certify that I am in proper health and physical condition to participate in such activities.

Participant Name: _____ Date: _____

Parent or Legal Guardian(If under the age of 18): _____ Date: _____

PLEASE USE ONE FORM PER PERSON

Donation Fee: \$25.00

MAKE CHECKS PAYABLE TO: JUJITSU AMERICA

**MAIL TO: JUJITSU AMERICA CLINIC, C/O CAHILL'S JUDO ACADEMY,
635 SAN MATEO AVE, SAN BRUNO, CA 94066**