POWER OF ATTORNEY					
If contestant is under the age of 18 years on the day of competition, this document must be completed by					
the contestant's parent or legal guardian if the parent or legal guardian is not attending the competition.					
I certify that I am the parent or legal guardian of	, a minor.				
I will not be in attendance at the 2023 Iowa Games Judo Tournament and do he	ereby 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 pow	ver that I might or could do or				
exercise through any other person, and that he/she shall deem proper or advisable	ole, intending hereby to vest in				
the person acting for me full power and authority to do and perform all and eve	ery act and thing.				

Signature of Parent or Legal Guardian

Date

PARENTAL CONSENT FOR A JUNIOR COMPETITOR TO ENTER SENIOR COMPETITION					
Rank:					
		Phone:			
I, a Judo Instructor, who has been awarded the United States Judo, Inc., hereby certify that, although not having reached the age of 17 is of sufficient aptitude and skill in Judo to compete in the Senior Division.					
Signature of Judo	Instructor		Date_		
Signature of ParentDate Instructor must have a rank certificate, USA JUDO membership card with the verification symbol ("V") printed following his/her rank, or rank cards issued by the USJF or USJA National Offices.					

## 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, the 2023 Iowa Games Judo Tournament, and related events and activities of United States Judo, Inc.; Iowa Judo Inc.; Iowa Games; Teikiatsu Judo Club; Iowa State University; Lied Recreation Center; Martial Arts at ISU; and all judo organizations and local organizations supporting the event, I hereby:

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

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, supervisor, and/or a tournament official of such conditions 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 permanent disability or death, and severe social and economic losses due to not only my own actions, inactions, or negligence, but also to the actions, inactions, 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 risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, traumatic brain injury, or death.
- 5. Release, waive, discharge and covenant not to sue the United States Judo, Inc.; Iowa Judo Inc.; Teikiatsu Judo Club; Iowa State University; Lied Recreation Center; Martial Arts at ISU; and all judo organizations and local organizations supporting the event, together with 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, guardians, 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 "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee 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 RISK 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 BELOW.

Participant (please print name)	Participant's Signature	Date	Black belt?
FOR PARENTS/GU	ARDIANS OF PARTICIPANTS C	<b>DF MINORITY</b> A	AGE
(UNDEF	R AGE 18 AT TIME OF REGISTR	ATION)	
This is to partify that I as moment/asses	dian arrith lagal name an aibiliter fan thia	mantiainant da aa	waant and a ana ta

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 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 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/Guardian (please print name) Parent/Guardian's Signature Date