



GUEST WAIVER AND RELEASE OF LIABILITY **AND AGREEMENT TO PARTICIPATE**

I hereby:

1. 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 the action, inaction or negligence of others, the rules of this sport of Judo, or conditions of the premises or any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. Knowing the risks involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Release, waive and discharge and covenant not to sue Legrosports, Inc. Judo, 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.
4. Parent(s) or legal guardian(s) of minor participants age 17 and below additionally agree that they will instruct the minor participant to the above warnings and conditions and their ramifications, and that they consent to the minor’s participation.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE. I 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.

Participant	Signature	Date
-------------	-----------	------

Parent (if participant is under age of 18)	Signature	Date
--	-----------	------