



**United Society of JuJitsu Organizations
MEMBERSHIP APPLICATION**

Name: _____

Address: _____

City: _____ **State** _____ **Zip Code** _____

Telephone _____ **Cell** _____

Email _____

Dojo _____

Annual Membership Fee (\$15.00)	\$ _____
3-Year Membership Fee (\$40.00)	\$ _____
Life Membership Fee (\$125.00)	\$ _____

USJJO T-Shirt (\$18.00 add \$4.00 if shipping)	
Circle size S M L XL 2XL 3XL 4XL	\$ _____

Extra Patch (\$5.00 ea)	number of patches _____	\$ _____
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TOTAL \$ _____

Waiver of Liability

In consideration of being allowed to participate in any way in any USJJO organization program, related events and activities, the undersigned:

Agree that the parent(s) of legal guardian(s) will instruct the minor participant that prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she will immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

Acknowledge and fully understand that each participate will be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Assume all the forgoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

Release, waive, discharge and covenant not sue the USJJO, its officers, its affiliated clubs, their respective administrators, directors, officers, agents, coaches, referees, and other employees of the organization, the participants, sponsoring agencies, sponsors, advertisers, and , if applicable, owners and lessees of the premises used to conduct the event, all of which are hereinafter referred to as the 'releasees' from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign voluntarily

Parent or Guardian Signature _____ Relationship _____ Date _____

Parent or Guardian Signature _____ Relationship _____ Date _____

Printed Name of Participant _____ Signature _____ Date _____

Please make checks payable to USJJO send to following address:

USJJO
P.O.Box 391223
Solon, Ohio 44139
Email:info@usjjo.org

For USJJO OFFICE ONLY

Date Processed: _____ *Total Amount Paid* _____ *Authorized by:* _____