



**26th Annual  
Go Shibata Memorial  
October 8, 2022**



HOST: Texas A&M University Judo Team

[www.aggiejudo.com](http://www.aggiejudo.com)

DATE: October 8, 2022

LOCATION: **Physical Education Activity Building (PEAP)**

632 Penberthy Road  
Texas A&M University  
College Station, Texas 77843

SANCTION: USA Judo Sanction #00214



REGISTRATION: DEADLINE TO REGISTER – WEDNESDAY, OCTOBER 5, 2022  
ALL COMPETITORS MUST PRE-REGISTER \$50 ALL DIVISIONS  
REFUNDS WILL BE PROVIDED IF COMPETITOR CAN NOT ATTEND BUT A \$5.00 SERVICE FEE WILL BE DEDUCTED FROM REFUND  
<https://smoothcomp.com/en/event/8618>

Preliminary Brackets posted: Thursday, 10/6/2022

Final Brackets posted: Thursday, 10/6/2022

Final deadline for reporting errors: Friday, 10/7/2022

Schedule: Friday, October 7. **Physical Education Activity Building (PEAP)**  
Optional early check in 7:00 - 8:00 pm (KATA, all Shiai divisions)

Saturday, October 8

Kata Competition	8:30 am
Masters Divisions	will begin after Kata but no earlier than 9:30am
Juniors Novice <b>White-Yellow</b>	no earlier than 10:30 am
Junior Division <b>All belts</b>	no earlier than 11:00 am
Senior Novice	will not begin before 12:00 pm
Senior	will not begin before 2:00 pm

ELIGIBILITY: USA Judo/USJF/USJA/ATJA. USA Judo memberships available at registration

DIVISIONS: **KATA** - Nage no Kata, Katame No Kata, Ju no Kata, Goshin Jutsu  
**SHIAI**  
**We will use “Madison Bracketing” whereby the age and weight cutoffs will be set after online registration closes on 10/5. This system allows nearly everyone to compete with a minimal number of uncontested entrants and discourages unhealthy weight loss.**

\*Junior Boys/Girls Novice:

\*Junior Boys/Girls all Belts

\*Cadets Female (15-17 yrs) 55, 60, 66, 73, 81, 90, 100, +100 kg

\*Cadets Male (15-17 yrs) 44, 48, 52, 57, 63, 70, 78, +78kg



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Novice & Senior Men 60, 66, 73, 81, 90, 100, +100 kg  
Novice & Senior Female 48, 52, 57, 63, 70, 78, +78kg  
Men and Women Master's: Division to be determined at site  
***\*Age and weight groups may be adjusted depending on entries  
Tournament Director may adjust divisions if necessary***

MEDICAL: Texas A&M University Emergency Medical Technicians

SELF WEIGH **NO NAKED WEIGH IN ALLOWED**  
INSTRUCTIONS: **JUNIORS: Novice and All Belt division**

When registering online, submit your actual weight in KG. You will be given a 1 kg allowance when we verify your weight. Weight will be verified at matside just prior to your first match.

**Veteran:**

When registering online, submit your actual weight in kg. You will be given a 1 kg allowance when we verify your weight. Weight will be verified at matside just prior to your first match.

**Senior Novice and Senior Division**

Check in for SENIORS 11:00-12:00 pm When registering online, declare your pre-set weight division. You will be given a 2 kg allowance when we verify your weight. IF YOU ARE MORE THAN 2 kg OVER YOUR REGISTERED WEIGHT THERE IS NO GUARANTEE FOR A MATCH

**MAAPP Policy** The Center for SafeSport has developed the Minor Athlete Prevention Policies (MAAPP) which USA Judo has adapted to our own sport. The MAAPP is a collection of proactive and training policies comprised of two parts; Education & Training Policy that requires training for certain Adult Participants and the Required Prevention Policies, focused on limiting one-on-one interactions between Adult Participants and Minor Athletes to prevent abuse. The full MAAPP policy can be found at [www.usjudo.org](http://www.usjudo.org)

MATCH TIMES: Junior, Cadet - 3 Minutes  
Novice Men and Women, Veteran (Men / Women) - 3 minutes  
Senior Women - 4 Minutes  
Senior Men – 4 Minutes

ENTRY FEE: ALL COMPETITORS MUST PRE-REGISTER  
**\$50 ALL DIVISIONS (KATA, JUNIOR, NOVICE, SENIOR, VETERAN)**

REFUNDS WILL BE PROVIDED IF COMPETITOR CAN NOT ATTEND BUT A \$5.00 SERVICE FEE WILL BE DEDUCTED FROM REFUND

RULES: Current IJF rules (modified). IJF RULE MODIFICATIONS  
No Kansetsu-Waza allowed in any Junior, or Novice Division  
No Shime-Waza allowed in junior competition for athletes under 13 years of age  
Kansetsu waza is allowed in the IJF Cadet  
Golden Score will be in effect in case of a tie at the end of regulation match time.



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**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 26th Annual Go Shibata Memorial Judo Tournament, and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, American Traditional Jujitsu Association, Texas A&M Health and Kinesiology, Physical Education Activity Programs, Texas A&M University, Texas Judo Inc., Texas A&M Department of Recreational Sports, Texas A&M Judo and its officers, 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 caused by, arising out of, resulting from or following such injury, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the United States Judo, Inc., the United States Olympic Committee, United States Judo, Inc., United States Judo Federation, United States Judo Association, American Traditional Jujitsu Association, Texas A&M Health and Kinesiology, Physical Education Activity Programs, Texas A&M University, Texas Judo Inc., Texas A&M Department of Recreational Sports, Texas A&M Judo and its officers, together with their affiliated clubs, Tournament Director, Tournament Organizers, Tournament Staff, 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's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

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.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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## WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

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1. EXCULPATORY CLAUSE. In consideration for receiving permission for me/my child to participate in any and all activities of \_\_\_\_\_ (“activity”), which is sponsored by \_\_\_\_\_ (“sponsor”), a member of The Texas A&M University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees (“RELEASEES” or “INDEMNITEES”) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, that may be sustained by me or my child while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of RELEASEES.** This includes injuries sustained by me, my child, and/or any of my household as a result of my/my child’s participation in this activity.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself, my child, and others involved with this activity, including but not limited to \_\_\_\_\_, and I choose to voluntarily participate/allow my child to participate in this activity with full knowledge that the activity may be hazardous to me, my child, and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I or my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney’s fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child’s participation and conduct in this activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, gross negligence, negligence per se, statutory fault, intentional torts, or strict liability of INDEMNITEES.**

3. COVID-19. I expressly acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of sponsor. As such, and as additional consideration for participation in the activity, I understand the waiver and indemnity provisions in paragraphs (1) and (2) above apply to the possibility of COVID-19 community spread. **I certify** that *prior* to leaving my child in the care of the sponsor that my child: (a) has not been diagnosed or is suspected to have COVID 19, (b) does not have any of the coronavirus symptoms listed on the [CDC’s Symptoms of Coronavirus](#) page, (c) has not in the past 14 days had close contact (less than six feet) with a person who has a lab-confirmed case of COVID-19, (d) has not in the past 14 days had close (less than six feet) contact with a person who is awaiting results of a COVID-19 test because of COVID-19 symptoms or exposure, or (e) in the past 14 days has not returned from international travel or traveled through an area with state or local restrictions that mandate quarantine upon arrival home. I also certify that each time I leave my child in the care of the sponsor, I have conducted a daily assessment on my child and that he/she is not exhibiting any of the above signs or symptoms of, or exposure to, COVID-19.

4. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my/my child’s participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

5. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

6. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, gross negligence, statutory fault, intentional torts, or strict liability of RELEASEES.**

7. In the event of a dispute over the meaning or application of this agreement, it shall be construed fairly and reasonably and neither more strongly for nor against either party.

8. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.  
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

**SIGNED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**Participant Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_\_

**Parent or Legal Guardian Signature:** \_\_\_\_\_  
(If Participant is under 18 years old)

**Parent or Legal Guardian Printed Name:** \_\_\_\_\_  
(If Participant is under 18 years old)

**In case of emergency, contact** \_\_\_\_\_  
**At the following number** \_\_\_\_\_

**If the participant has medical insurance, please indicate:**  
**Insurance Company:** \_\_\_\_\_  
**Policy Number:** \_\_\_\_\_  
**Name of Primary Policy Holder:** \_\_\_\_\_  
**Please list any special services your child may require:** \_\_\_\_\_  
\_\_\_\_\_