



27th Annual
Go Shibata Memorial
October 21, 2023



HOST: Texas A&M University Judo Team

www.aggiejudo.com

DATE: October 21, 2023

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

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

SANCTION: USA Judo Sanction #00389

REGISTRATION: DEADLINE TO REGISTER – THURSDAY, OCTOBER 19, 2023
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
Smoothcomp online registration - COMING SOON

Schedule: Friday, October 20. **Physical Education Activity Building (PEAP)**

Times are subject to change Weigh-in 7:00 - 9:00 pm (KATA, all Shiai divisions)

Saturday, October 21

Kata Competition 8:30 am

Veterans Divisions will begin after Kata

Juniors Novice **White-Yellow** will begin after Veterans

Junior Division **All belts** will begin Junior Novice

Senior Novice will begin after Junior

Senior will begin after Senior Novice

ELIGIBILITY: USA Judo/ATJA/USJF/USJA/. 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

Novice & Senior Men 60, 66, 73, 81, 90, 100, +100 kg

Novice & Senior Female 48, 52, 57, 63, 70, 78, +78kg

Men and Women Veterans: Division to be determined at site

***Age and weight groups may be adjusted depending on entries**

Tournament Director may adjust divisions if necessary





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MEDICAL: Texas A&M University Emergency Medical Technicians

WEIGH IN: **All weigh-ins are in person.**
NO NAKED WEIGH IN ALLOWED. A .5 kg allowance is allowed

All divisions.

When registering online, submit your actual weight in KG. This will assist us in creating a preliminary bracket. But all must officially weigh in person.

Friday, October 20	7:00 - 9:00 pm Weigh In for all divisions.
Saturday, October 21	8:00 - 9:00 am Veterans
	8:00 - 9:00 am Juniors
	8:00 - 11:00 am All Senior Divisions

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

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 27th 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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Talent Release

1. I authorize Texas A&M University and its agents to photograph, videotape, audio record, televise, duplicate, and/or otherwise record my image, voice, and likeness. I understand that Texas A&M will own these recordings.
2. I irrevocably authorize Texas A&M and its agents to use, display, publish, and distribute these recordings for any purpose on websites, publications, broadcasts, displays, and any other medium, and to offer these recordings to others for use in non-university mediums.
3. I waive any right to inspect or approve these recordings or material that may be used with them now or in the future, whether that use is known to me or not.
4. I waive any and all claims I may have against Texas A&M, its regents, employees, and agents ("releasees") arising out of the use of these recordings, including but not limited to any claims arising out of my right of privacy or right of publicity and any claims based on any distortions, optical illusions, or faulty mechanical reproductions, 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.
5. I understand that I will not be compensated for any use of these recordings.
6. I understand that this is a legal document and represent that I have read it and understand it and am signing it voluntarily.

Signature Date

Printed Name Cell Phone

Email Address Expected Graduation (If Applicable)

Permanent Address

If under age 18, a parent or guardian must complete the following:

Parent/Guardian Signature Date

Parent/Guardian Printed Name Relationship

Parent/Guardian Address



THE TEXAS A&M UNIVERSITY SYSTEM

AGREEMENT FOR WAIVER, INDEMNIFICATION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

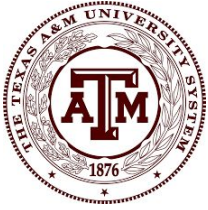
I, _____, age _____, desire to participate voluntarily in all activities of the _____ (“Activity”), which is sponsored or conducted by or under the auspices of _____ (“Sponsor”), a member of The Texas A&M University System. I am fully aware that there are inherent risks to myself and others involved with the Activity, including but not limited to illness, including the COVID-19 virus, its variants and other mutations, injury (including death), and loss of personal property, and I choose to voluntarily participate in the Activity and do voluntarily assume the above mentioned risks as to myself and my property, and to the person and property of others. I acknowledge that the Activity may be physically strenuous. I know of no medical reason why I should not participate.

HOLD HARMLESS, INDEMNITY AND RELEASE:

For myself, my heirs, personal representatives or assigns, I do hereby release, waive, covenant not to sue, indemnify and agree to hold harmless for any and all purposes the 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” and/or “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, other participants, and third-persons as a result of my participation and conduct in the Activity, while traveling to and from the Activity, or while on the premises owned, leased, or controlled by RELEASEES/INDEMNITEES, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES/INDEMNITEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

NO INSURANCE:

I understand that RELEASEES/INDEMNITEES do not maintain any insurance policy covering any circumstance arising from my participation in the 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 the Activity so it seeks a waiver of claims as additional consideration for my right to participate such that 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.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

Page 2 of 3

MEDICAL AUTHORIZATION, INDEMNITY AND WAIVER:

I understand RELEASEES/INDEMNITEES cannot be expected to anticipate or control all of the risks associated with the Activity and RELEASEES/INDEMNITEES may need to respond to illnesses, accidents, injuries, and potential emergency situations. Therefore, **I hereby give my consent for any medical treatment, rescue or evacuation services that may be required** (as determined by Sponsor staff, medics, emergency personnel, or other medical professionals) during my participation in the Activity with the understanding that the cost of any such treatment will be my responsibility. **I, for myself, my heirs, personal representatives or assigns**, agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed medical care facility documentation promising to pay for the treatment due to my inability to sign the documentation. **I, for myself, my heirs, personal representatives or assigns**, 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 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, statutory fault, or strict liability of RELEASEES**. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

VOLUNTARY SIGNATURE AND BINDING OF HEIRS AND ASSIGNS:

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. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself 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 that has a lower level of risk to me. I further understand this is a voluntary activity and that not participating in this activity will in no way hinder my ability to obtain a degree from member institutions of The Texas A&M System. **For students going on field trips, foreign travel or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with the Activity I still desire to voluntarily engage in the Activity.

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.



WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION

Page 3 of 3

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.

Should you have any questions about these rights and the ramifications of signing this document you should consult an attorney.

SIGNED this _____ day of _____, 20²³.

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)

Participants Name:	
Address:	
Phone:	
UIN or Driver's License#	
Student <input type="checkbox"/> Fac/Staff <input type="checkbox"/> Dependent <input type="checkbox"/> General Public <input type="checkbox"/>	
Participant Emergency Contact Information	
Emergency Contact Name:	
Address:	
Phone:	
Alternate Phone:	
Relationship to Participant:	