

# United States Brazilian Jiu Jitsu Federation

8105 Irvine Center dr. 9 floor #21 Irvine CA 92618

## APPLICATION FOR MEMBERSHIP ID

Name:

Mailing Address:

City:

State:

Zip Code:

Country:

Home Phone:

E MAIL:

Date of Birth:

BELT:

Professor:

Academy:

### Requirement Number 1

**For those athletes older than 18 years.**

I \_\_\_\_\_ do hereby submit my application for membership to the **USBJJF (United States Brazilian Jiu-Jitsu Federation)**. I authorize, and agree to hold harmless, whatever medical personnel that may be present at any event sponsored by USBJJF to take any action necessary, should I become injured. I further understand that tickets will be sold to spectators to watch the tournament; that news media and others will cover the tournament and that it may also be videotaped or otherwise shown to audiences around the world. I hereby consent to having my likeness shown, publicized, commented and/or reported on; and I do not expect to, and in fact waive any rights and compensation I might otherwise be entitled to as a result thereof. I represent that I am in good health; that I am not presently, nor will I participate while under the influence of any drug or medication; that no one affiliated with this organization has encouraged me to enter or made any representations regarding my fitness or ability to participate; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement.

Athlete Signature:

Date:

### Requirement Number 2

**For those athletes younger than 18 years**

I \_\_\_\_\_ ( legal parent)do hereby submit my application for membership with the **USBJJF (United States Brazilian Jiu-Jitsu Federation.)** I authorize, and agree to hold harmless, whatever medical personnel that may be present at any event sponsored by USBJJF to take any action necessary, should I become injured. I further understand that tickets will be sold to spectators to watch the tournament; that news media and others will cover the tournament and that it may also be videotaped or otherwise shown to audiences around the world. I hereby consent to having my likeness shown, publicized, commented and/or reported on; and I do not expect to, and in fact waive any right and compensation I might otherwise be entitled to as a result thereof. I represent that I am in good health; that I am not presently, nor will I participate while under the influence of any drug or medication; that no one affiliated with this organization has encouraged me to enter or made any representations regarding my fitness or ability to participate; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement. Furthermore, if the competitor is a minor, I hereby certify that I am Parent or legal guardian of the above named minor; that I have read and understood every provision of this release; and that I am legally competent to and freely enter into this waiver, release and assumption of risk agreement on behalf of the minor and myself.

Responsible Person Signature:

Date:

ACADEMY HEAD INSTRUCTOR (IBJJF CERTIFIED) NAME:

SIGNATURE:

DATE: