

East Central United States
Kendo Federation
Steve Johnson Memorial Kendo
Tournament Saturday
October 20th, 2018



Dear Kendo Friends and Family,

The East Central United States Kendo Federation is pleased to invite you to the 2018 Johnson Memorial be held on October 20, and the promotion exam will be held on October 21. Everyone is welcome to participate in this special event. Please note that the tournament and promotion exam will not be held at the same location.

We would also love to have you join us for food and drinks at the After Party following the tournament closing ceremony! This year, dinner will be held at Miller's Ale House, a short drive away from the tournament venue.

Please follow the instructions carefully and complete all necessary forms. The registration deadline is FRIDAY, October 10, 2018, and all documents for the tournament should be postmarked by that date. Please make all checks payable to ECUSKF and DO NOT SEND CASH.

We look forward to seeing you there!

Shuhei Ito, ECUSKF President
Jyoshu Tsushima, ECUSKF Tournament Chair

Tournament Date & Location:

Saturday, October 20, 2018

OSU Recreation and Physical Activity Center (RPAC) South Gym
337 Annie & John Glenn Ave, Columbus, OH 43210

Schedule

8:00 am	Registration
8:30 am	Opening Ceremony
9:00 am	Individual Matches / Johnson Cup
12:00 pm	Lunch
1:00 pm	Team Tournament
5:00 pm	Closing Ceremony
7:00 pm	Dinner at Miller's Ale House 1201 Olentangy River Rd, Columbus, OH 43212



Tournament Registration Procedure

1. Complete Online Registration for EACH participant:
 - a. <https://goo.gl/forms/yJOqDDwjFFpTOVYF3>
2. Print and complete Worksheet A - Tournament Fees
3. Print and complete Liability Waiver for EACH participant
 - a. Worksheet B for Adults; or
 - b. Worksheet C for Minors
4. Mail ALL forms along with ONE check payable to ECUSKF and send to:

Harry Labrie
330 W First Street
Dayton, Ohio 45402

Send any questions to tsushimaj@gmail.com

2018 ECUSKF Johnson Cup Worksheet A - Tournament Fees

(One worksheet per family, please)

Tournament Entry Fee \$35.00 Bento Lunch Box* \$10.00

_____ X Number of Participants (\$35) = _____

_____ X Bento Quantity (\$10) = _____

Check Total = _____

Participant Names

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Please write ONE CHECK per family or dojo, payable to ECUSKF. No cash payments.
All entries MUST be postmarked no later than October 10, 2018. Send checks to:

Harry Labrie
330 W First Street
Dayton, Ohio 45402

2018 ECUSKF Johnson Cup

Worksheet B - Liability Waiver (18 years and older)

I understand that I, _____, will be participating in the East Central Steve Johnson Memorial Tournament from October 20, 2018 to October 21, 2018 at The Ohio State University. Because my participation will involve risk of personal injury or damage to property, I agree to the following as conditions for participation in the Tournament:

1. In consideration of being granted the opportunity to participate in this Tournament, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge East Central United States Kendo Federation and The Ohio State University, and their respective Boards of Trustees, entities, administrators, faculty members, employees, agents, and students from any and all claims of damages, demands, and any actions whatsoever, including those based on negligence that I ever had, now have or may claim to have arising out of my participation in this activity. I also hereby agree to save, hold harmless, and indemnify East Central United States Kendo Federation and The Ohio State University and their respective Boards of Trustees, entities, administrators, faculty members, employees, agents, and students from and against any and all liability, losses, claims, demands, costs and expenses to which either organization may become subject by reason of my participation in this activity.
2. I agree to acquire, prior to participation in this Tournament and maintain in force during the Tournament, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries I may sustain as a result of this activity.
3. I hereby attest and verify that I have full knowledge of the risks involved in this activity, and that I have no knowledge of any physical impairment that would be affected by my participation. I further acknowledge that I am fully responsible for transportation for this event and I accept all risks associated with my travel. I assume any expenses I may incur in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I give my consent for any emergency medical treatment that I might require as a result of my participation in this activity.
4. I represent and certify that my true age is at least 18 years old.

I have read this entire Liability Waiver, I full understand it, and I agree to be legally bound by it.

Parent/Guardian's Name (Print)

Signature

Date

Emergency Contact Name (Print)

Emergency Phone Number

2018 ECUSKF Johnson Cup

Worksheet C - Liability Waiver for Minors (17 years and younger)

I, _____, understand that my child, _____, will be participating in the East Central Steve Johnson Memorial Tournament from October 20-21, 2018 at The Ohio State University. Because my participation will involve risk of personal injury or damage to property, I agree to the following as conditions for participation in the Tournament.

1. In consideration of being granted the opportunity to participate in this Tournament, I, for myself, my executors, administrators, and assigns, do hereby release and forever discharge East Central United States Kendo Federation and The Ohio State University, and their respective Boards of Trustees, entities, administrators, faculty members, employees, agents, and students from any and all claims of damages, demands, and any actions whatsoever, including those based on negligence that I ever had, now have or may claim to have arising out of my participation in this activity. I also hereby agree to save, hold harmless, and indemnify East Central United States Kendo Federation and The Ohio State University and their respective Boards of Trustees, entities, administrators, faculty members, employees, agents, and students from and against any and all liability, losses, claims, demands, costs and expenses to which either organization may become subject by reason of my participation in this activity.
2. I agree to acquire, prior to participation in this Tournament and maintain in force during the Tournament, a policy or policies of health and accident insurance covering hospitalization and treatment for any injuries I may sustain as a result of this activity.
3. I hereby attest and verify that I have full knowledge of the risks involved in this activity, and that I have no knowledge of any physical impairment that would be affected by my participation. I further acknowledge that I am fully responsible for transportation for this event and I accept all risks associated with my travel. I assume any expenses I may incur in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I give my consent for any emergency medical treatment that I might require as a result of my participation in this activity.
4. I give my consent for any emergency that my child might require as a result of his or her participation in this activity.

I have read this entire Liability Waiver, I full understand it, and I agree to be legally bound by it.

Parent/Guardian's Name (Print)

Child's Name (Print)

Parent or Legal Guardian's Signature

Date

Emergency Phone Number