

Camp Budoshin



2009



at
College of the Canyons
Santa Clarita, CA

**The Supermarket of
Martial Arts Camps!**

*If you're a martial artist
this is your camp!*

Saturday, October 24
8:30am-4:30pm

College of the Canyons
North Commons Gym [EPEK]
26455 Rockwell Cyn Rd
Santa Clarita, CA 91355

**Four 80-85 minute
Training Sessions For
Every Participant!**

**Our 17th
Year!**

**Learn new skills
and
Make new friends!**

**Great
Raffle
&
Prizes**

**Talk with the
instructors!**

Confirmed Instructors

- David Burgett – 4th dan Kung Fu
*Sam Combes—6th dan Aikido
*Robert Deahl — 5th dan Uchi Kumi Do
*David Dye—10th dan Shuyokan Ryu
*Mark Jordan 5th dan Budoshin Ju-Jitsu
*Kris Kademian—6th dan Shorin Ryu Karate & Kobudo
Olohe Kaihewalu — 12th deg. Kaihewalu Lua
*George Kirby—10th dan Budoshin Ju-Jitsu
*Tony Kull - 10th dan Shinan Jujitsu
*Michael Langewisch—Chanbara Instr
*Toney Raven—10th dan Daito Ryu Jujitsu
*Toma Rosenzweig- 4th dan Aikido
Darrell Sarjeant — 8th dan Silent Warrior Arts
*Cliff Stewart – 10th dan WAR
*Steve Uhrig—4th dan Tae Kwon Do
*Eddie Verso 3rd dan Combat Karate [Pankration]

LOCATION: College of the Canyons North Commons Gym [EPEK],
26455 Rockwell Cyn Rd, Santa Clarita, CA

Magic Mountain Park



26455 Rockwell Canyon Road
Santa Clarita, CA 91355
(661) 259-7800
www.canyons.edu



NOTE:
EVERYONE will have to pay for parking.
Bring quarters!

Valencia Campus
26455 Rockwell Canyon Road

A	Administration / Admissions
ALLB	Aliso Lab
ALLH	Aliso Hall
AOC	Academy of the Canyons
BONH	Bonelli Hall
BYKH	Boykin Hall
ECED	Early Childhood
EPEK	East PE
HSLH	Hasley Hall
LIBR	Library
MENH	Mentry Hall
M&O	Maintenance & Operations
PAC	Performing Arts Center
PCOH	Pico Canyon Hall
SCOH	Seco Hall
STCN	Student Center
TNS-CRT	Tennis Courts
TWSH	Towsley Hall
TY	Community Education, Traffic School Tech Prep, School-to-Career, CWEE
VLL	Village
WPEK	West PE
X1	FS & ECE Annex
X2	Security
X3	FS & ECE Annex
X6	Human Resources Office College of the Canyons Foundation
X8	Employee Training Institute, CACT
X9	CaWORKs
X10	Facilities Modular Office
X11	Faculty Modular Office
X12	Public Safety Academy
Y	Interim University Center
▲	Parking Permit Vending Machine
★	Campus Directory Kiosk
●	Parking Lots
♿	Handicapped Parking
■	Coffee & Snacks
○	Elevator

Map not to scale

Dr. Dianne G. Van Hook
University Center
(Opening Summer 2009)

PARTICIPANT'S NAME _____ DOB _____ PHONE _____

YOUR ADDRESS (STREET) _____ CITY, STATE _____ ZIP _____

E-MAIL ADDRESS _____

I, THE ABOVE NAMED PARTICIPANT, BY SIGNING THIS DOCUMENT HEREBY DECLARE THAT I FULLY REALIZE AND CLEARLY UNDERSTAND THE INHERENT DANGERS INVOLVED IN ENGAGING IN THE PRACTICE OF JU-JITSU AND RELATED ACTIVITIES. I FULLY REALIZE AND CLEARLY UNDERSTAND THAT I AM PLACING MYSELF IN DANGER OF POSSIBLE BODILY INJURY. IT IS WITH FULL REALIZATION AND CLEAR UNDERSTANDING OF THE AFOREMENTIONED DANGERS THAT I AGREE TO BECOME A PARTICIPANT IN THIS ACTIVITY AND HEREBY AGREE TO THE FOLLOWING TERMS AS A CONDITION FOR PARTICIPATION IN THESE CLASSES:

- THAT DURING AND AT ALL TIMES THAT I AM A PARTICIPANT IN THIS ACTIVITY AND ANY RELATED ACTIVITY, SUCH AS TOURNAMENTS, WORKSHOPS, AND DEMONSTRATIONS, I SHALL BE LIABLE FOR ANY AND ALL INJURIES I SUSTAIN OR INCUR DURING AND RELATED TO THE COURSE OF INSTRUCTION, EXERCISES, PRACTICE, AND RELATED ACTIVITIES AND WILL NOT HOLD THE SPONSOR[S], ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES AND MEMBERS, EITHER INDIVIDUALLY OR OTHERWISE, LIABLE FOR ANY SUCH INJURIES OR ANY LOSS OR DAMAGES ARISING THEREFROM. I ALSO REALIZE THAT I AM RESPONSIBLE FOR PROVIDING MY OWN MEDICAL INSURANCE OR MEDICAL COVERAGE TO COVER ANY AND ALL MEDICAL EXPENSES I MIGHT INCUR IN PARTICIPATING IN THIS ACTIVITY. I FURTHER REALIZE THAT EVEN WITH A COMBINATION OF INSURANCE POLICIES THERE MAY BE ADDITIONAL MEDICAL EXPENSES NOT COVERED BY INSURANCE, AND I MUST ASSUME ANY AND ALL FINANCIAL RESPONSIBILITY BEYOND WHAT ANY INSURANCE POLICY/IES MAY PROVIDE.
- THAT I, INTENDING TO BE LEGALLY BOUND, HEREBY FOR MYSELF, MY HEIRS, EXECUTORS, AND ADMINISTRATORS, RELEASE, DISCHARGE WAIVE AND RELINQUISH ANY AND ALL RIGHT TO DAMAGES, CLAIMS OR ACTIONS I HAVE AGAINST THE SPONSOR[S], ITS GOVERNING BODY[IES], OFFICIALS, EMPLOYEES AND MEMBERS, EITHER INDIVIDUALLY OR OTHERWISE, FOR INJURIES OR RIGHTS TO LOSSES OR DAMAGES SUFFERED BY ME, DIRECTLY OR INDIRECTLY, INCLUDING ANY FUTURE PSYCHOLOGICAL AND/OR PHYSICAL INJURY, PAIN AND SUFFERING, PROPERTY DAMAGE AND/OR WRONGFUL DEATH CLAIMS, INCLUDING BUT NOT LIMITED TO ATTENDING, PARTICIPATING IN, PRACTICING FOR, TRAVELING TO OR FROM SUCH ACTIVITY OR ANY RELATED ACTIVITIES, OR THOSE CLAIMS OR ACTIONS ARISING OUT OF ANY NEGLIGENCE ON THE PART OF BUDOSHIN JU-JITSU DOJO, THE OWNERS, ORGANIZATIONS, GOVERNING BODY[IES], EMPLOYEES, MEMBERS OR INSTRUCTOR(S), EITHER INDIVIDUALLY OR OTHERWISE, OF THE GYMNASIUM, DOJO, SCHOOL, OR PLACE WHERE THESE OR RELATED ACTIVITIES ARE HELD.
- THAT I ALSO AGREE TO DEFEND, INDEMNIFY, AND HOLD THE SPONSOR[S], ITS GOVERNING BODY[IES] OR EMPLOYEES, OR THE INSTRUCTORS OF THE PROGRAM, EITHER INDIVIDUALLY OR OTHERWISE, HARMLESS FROM ANY CLAIMS AND ACTION BY THIRD PARTIES ALLEGING INJURY FROM MY USE OF THE TECHNIQUES AND SKILLS LEARNED DURING AND RELATED TO THE COURSE OF INSTRUCTION, EXERCISES, PRACTICE, AND RELATED ACTIVITIES.
- THAT I HAVE CONSULTED WITH MY A PHYSICIAN AND THAT I AM IN PROPER HEALTH AND PHYSICAL CONDITION TO PARTICIPATE IN THE ACTIVITIES STATED ABOVE. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, I HAVE NO PREEXISTING PHYSICAL CONDITION THAT MAY RESULT IN A DANGER TO MYSELF, OR OTHERS, THROUGH THE PARTICIPATION IN A PHYSICALLY INTENSE PROGRAM, OR PHYSICAL CONTACT WITH OTHERS.
- THAT I HEREBY AUTHORIZE ANY PHYSICIAN, MEDICAL PRACTITIONER, HOSPITAL, CLINIC OR OTHER MEDICAL OR MEDICALLY RELATED FACILITY, OR ANY OTHER INSURANCE COMPANY TO DISCLOSE OR RELEASE ANY INFORMATION IN ITS POSSESSION ABOUT THE MEDICAL HISTORY, MENTAL OR PHYSICAL CONDITION OR TREATMENTS OF THE ABOVE NAMED PARTICIPANT AND/OR THE ABOVE NAMED PARTICIPANT'S FAMILY TO THE AMERICAN JU-JITSU ASSOCIATION, THE SPONSORING AGENCY, ITS AUTHORIZED EMPLOYEES OR REPRESENTATIVES, OR ITS AGENTS.
- THAT I FURTHER AGREE TO FOLLOW ALL RULES AND INSTRUCTIONS, BOTH WRITTEN AND VERBAL, AS STATED IN THE STUDENT HANDBOOK AND/OR BY THE OFFICIALS AND/OR AUTHORIZED INSTRUCTORS.
- THAT I WAIVE ANY AND ALL RIGHTS TO COMPENSATION, IN ANY FORM, FOR PICTURES, FILMS, OR VIDEOTAPES TAKEN OF ME IN THE ABOVE ACTIVITY AND GRANT PERMISSION FOR THEM TO BE USED FOR ANY PUBLICITY OR PUBLICATION PURPOSES.
- THAT IF ANY PROVISION IS FOUND TO BE UNENFORCEABLE OR INVALID, THAT PORTION SHALL BE SEVERED FROM THIS CONTRACT. THE REMAINDER OF THE CONTRACT WILL THEN BE CONSTRUED AS THOUGH THE UNENFORCEABLE PROVISION HAD NEVER BEEN CONTAINED IN THIS CONTRACT.
- I FURTHER AGREE THAT THE EXECUTION OF THIS AGREEMENT IS CONSIDERATION, IN PART, FOR BEING ABLE TO PARTICIPATE IN THIS ACTIVITY AND I UNDERSTAND THAT MY FAILURE TO EXECUTE THIS AGREEMENT IN FULL WOULD RESULT IN MY NOT BEING ABLE TO PARTICIPATE IN THE ABOVE STATED ACTIVITY, EXERCISES, PRACTICE, AND RELATED ACTIVITIES CONDUCTED BY THE OFFICIALS AND/OR INSTRUCTORS OF THIS PROGRAM THROUGH THE SPONSORING AGENCY. I ALSO UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS PARTICIPANT AGREEMENT UPON MY REQUEST.

THIS AGREEMENT IS TO REMAIN IN EFFECT UNTIL REVOKED IN WRITING AND SUCH WRITTEN REVOCATION IS DELIVERED TO THE SPONSORING AGENCY, OR ITS AUTHORIZED REPRESENTATIVE.

_____/_____/_____
PARTICIPANT'S SIGNATURE DATE PARENT'S OR LEGAL GUARIDAN'S SIGNATURE DATE

MEDICAL EMERGENCY INFORMATION:

EMERGENCY CONTACT NAME _____ EMERGENCY CONTACT PHONE # _____

PRIMARY MEDICAL COVERAGE _____ SECONDARY MEDICAL COVERAGE: AMERICAN JU-JITSU ASSOCIATION

ALLERGY TO MEDICATION OR SPECIAL NOTES _____

IMPORTANT -> IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN ABOVE AND ON OTHER SIDE

REGISTER BY MAIL: SEND THE REGISTRATION FORM[S] AND CHECK [MADE OUT TO "BUDOSHIN JUJITSU DOJO"] TO CB2009, P.O. BOX 4261, BURBANK, CA 91503-4261

REGISTER ONLINE WITH PAYPAL: GO TO www.budoshin.com/eventreg.htm . FOLLOW DIRECTIONS & PAY USING PayPal

REGISTER AT THE DOOR: BRING THIS COMPLETED REGISTRATION FORM TO THE EVENT. THERE WILL BE ADDITIONAL REGISTRATION FORMS AT THE DOOR!!

CAMP BUDOSHIN IS SATURDAY OCTOBER 24, 2009!
8:30am-4:30pm [Registration opens at 8:15am]

LOCATION: College of the Canyons North Commons Gym [EPEK]
26455 Rockwell Cyn Rd, Santa Clarita, CA

REMEMBER: GET 4 PEOPLE TO **PRE**REGISTER & PAY TOGETHER & A 5TH PERSON GETS IN FREE.
THIS "5 FOR 4" SPECIAL NOT AVAILABLE ON DAY OF CAMP.

FOR UP TO DATE INFORMATION GO TO: www.budoshin.com/seminars.htm