



WRESTLERS NAME:	AGE:
SCHOOL:	GRADE:
PARENTS NAME:	APPX. WEIGHT:
CONTACT NUMBERS:	YRS.WRESTLING EXPERIENCE:
ADDRESS:	
EMAILS:	

(WAIVER MUST BE SIGNED AND RETURNED / MAILED WITH PAYMENT)

1: I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE WALTON VERONA SCHOOLS, BEARCAT WRESTLING CLUB, UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of Bearcat Wrestling Camp, USA Wrestling and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, leasers and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2: Releaser understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3: Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk or serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

4: Releaser, being the Parents and/or Legal Guardian of the participant, I/We authorize the coaching staff at the wrestling camp and it's agent's or other personnel to grant permission to request medical attention or hospitalization at this event/camp or en route to or from it, and am unable to grant permission, I authorize the camp staff or it's agent's permission for me, understanding that if I am under the age of 18, my parents or legal guardians will be contacted first, if they can; or notified as soon as possible afterwards, if not.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

_____/_____/_____
(Participant's Signature) (Date) (Print Name)

The undersigned, does hereby represent that he/she is, in fact, the parent or legal guardian of and acting in such capacity agrees to the terms and conditions of the above stated wavier and release.

_____/_____/_____
(Signature of Parent or Legal Guardian) (Date) (Print Name)

(Relationship to Minor)