



Iowa Wrestling Federation

2010 Kids Regional Tournament Entry Form



Cedar Falls HS - Jan 10 * Council Bluffs, Lewis Central HS - Jan 30 * Johnston HS – Feb 7
 Ft. Madison HS – Feb 7 * Sioux City N. HS– Feb 7 * Osage HS – Feb 14
 * Dubuque, Wahlert HS Feb 28

- 1) **Proof of age required for pre-registration or walk-in registration**
- 2) **Include a copy of athlete's current USA Card for Pre-registration or have available for walk-in registration – Cards are available for purchase at regional sites.**
- 3) **\$15 Pre-registration fee - must include all registration requirements, see form. \$20 at the door**

(Please Print Legibly)

Name: _____
 Phone (____) _____
 Email: _____
 Address: _____
 City: _____ Zip _____
 Club: _____
 Birth date: _____ Age: _____ USA Wrestling Card #: _____
 Division: _____ Wt. Class: _____

Waiver Statement:

I _____ the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasers") here-by FOREVER RELEASE, DISCHARGE AND CONVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING, INC., its insurers, its affiliated clubs, administrators, agents, directors, officials, state organizations, members, committees, volunteers, all employees of USA Wrestling, 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 RELEASES, or hidden, latent or obvious defects in the facilities or equipment used.

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. RELEASER 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 any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THERELEASEES, or hidden, latent or obvious defects in the facilities or equipment used. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity including Releaser, will be engaged activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses or damages to person or property including death, and that severe social and economic losses may result not only from Releaser's own actions or negligence, but also from actions or negligence of others 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, which are not reasonably foreseeable at this time.

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

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

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

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