

Division _____ Weight _____ Group _____
(To be completed by Tournament Officials)

Wrestler's Name _____ Date of Birth _____ Age _____

Address: Street _____ City/State/Zip _____

Phone Number (Home) _____ (Cell Number) _____

School District/Club _____ Coaches _____

Rank _____ A-Experienced skilled wrestler for age B- some experience, good athlete, basic skills C- novice level for skills, little experience with competition

Seeding Information- Please provide your prior wrestling experience that would be valuable including; tournament place finishers, awards, years of experience, etc.

Participant's Waiver And Release From Liability

- I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE Cambridge Central Schools/Wrestling, its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of Cambridge Central Schools/Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees, (and if applicable) owners, lessors, and operators of premises used to conduct any Cambridge Central Schools/Wrestling, sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past and present or future, direct or consequential that I may hereinafter 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 Cambridge Central Schools/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.
- Releasor understands and acknowledges that Cambridge Central Schools/Wrestling, 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 Cambridge Central Schools/Wrestling, sanctioned event, meet, practice or activity, including the risk or PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.
- Releasor acknowledges and fully understands that each participant in any Cambridge Centrals Schools/Wrestling, sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of 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 Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time. I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSATND ITS PURPOSE, MEANING AND INTENT.

(Signature of parent or legal guardian)

(Date)

(Print Name)

(Relationship to Minor)