



*Get 2 Matches' in Folkstyle
And BBQ food for \$15 on Wednesday 5/24/17*

@ Islip High School
(Event is capped to 75 wrestlers)

ELIGIBILITY: Junior, Cadet, and Schoolboy/Schoolgirl

EVENT DATES: Wednesday 5/24/17

FORMAT: Madison Weights (2 matches in Folkstyle) Athletes must have a USAW Competitors Card; Coaches – USAW Coaching Card

OFFICIALS: Suffolk county varsity officials

UNIFORM: Your choice of singlet

ENTRY FEE: \$15 FOR THE EVENT

REGISTRATION & WEIGH-IN / SKIN CHECK: Wednesday 5:00 PM – 5:30 PM

TO GUARANTEE YOUR SPOT REGISTER ONLINE AT

<http://islipwrestling.com/wordpress/two-and-a-barbeque/>

RULES CLINIC: Athletes and Coaches at 5:30 PM - Wrestling begins approximately 6:00 PM

For additional information contact: KC Beach at 631-365-1061 (kbeach@bufsd.org) or Mike Newell mnewell@bufsd.org

Division: Schoolboy (Born 2003-2004) Cadet (Born 2001-2002) Junior (Born 9/1/1997 & after)

NAME: _____ Grade _____ Weight _____

Street: _____ City _____ State _____

Email Address: _____

Phone#: _____ USAW Card#: _____

Waiver and Release from Liability

1. 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 THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliate clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA 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 USA 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, 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 USAW 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. Releasor 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 any 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. Releasor acknowledges and fully understands that each participant in any USA 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 other losses to person or property, including death, and that severe social and economic losses may also 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. Furthermore 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 UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participant's Signature)

(Printed Name)

(Date)

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

(Signature of Parent/Legal Guardian)

(Print Name)

(Date)

(Relationship to Minor)