

ISWA/USA WRESTLING OFFICIAL 2004 ENTRY FORM

Please print clearly - May be used for any open tournament appearing on the ISWA schedule

NAME _____ USAW CARD # _____
ADDRESS _____ CITY _____ ST _____ ZIP _____
PHONE _____ DATE OF BIRTH _____ EMAIL _____
SCHOOL/CLUB _____ WEIGHT CLASS _____

Please circle the style and age-group you plan on participating in. Make sure to read the event flyer for the age-groups that are competing.

FREESTYLE	FOLKSTYLE	GRECO-ROMAN		
PEE-WEE (1998-99)	BANTAM (1996-97)	MIDGET (1994-1995)	NOVICE (1992-1993)	SCHOOLBOY (1990-1991)
CADET (1988-89)	JUNIOR (9/1/84 & after plus (enrolled in grades 9-12 or equivalent))	UNIVERSITY (1980-86)	SENIOR (1984 or before)	VETERAN (1974 or before)

CONSENT AND RELEASE

In consideration for the opportunity to participate in _____ (the Event) the undersigned and his/her parent or guardian, if applicable (Competitor), hereby acknowledges that the Event, and related activities and performances, may be televised live and/or videotaped for broadcast, cablecast, home video entertainment and/or any other use or distribution (collectively, Dissemination) in a manner not inconsistent with applicable rules of The United States of America Wrestling Association, Inc., db/a USA Wrestling, Inc. (USAW) and/or the Fédération Internationale des Luttes Associées (FILA) and hereby consents that USAW, for purposes of USAW's athletics/sports programs and related events and activities, and any television network, production company or any other parties with which USAW has agreements for such purposes, and/or their licensees, shall have the right, without any compensation to competitor, to use Competitor's name, photograph, image, likeness, biography and accomplishments and displays of wrestling ability in any Dissemination of the Event and for the purpose of advertising, promoting and publicizing the events and activities of USAW and the program and/or any program series of which any Dissemination of the Event is a part (provided that none of the above shall be used in such fashion so as to constitute an endorsement of any commercial product). Competitor agrees, for and on behalf of Competitor and Competitor's heirs, personal representatives, administrators, agents, successors and assignees, to release, indemnify and hold harmless USAW and its officers, directors, agents, employees and licensees from any claim of any nature based upon or arising out of any Dissemination or other permitted uses contemplated by this Consent and Release.

Signature of Competitor _____ Date _____ Signature of Parent or Guardian _____ Date _____

MEDICAL CONSENT

Name of your primary Insurance Company _____ Policy No. _____

Family Doctor _____ Phone _____

Presently on any medication? _____ If yes, please list medication(s) _____

Drug Sensitivities or Allergies _____

Special Medical Conditions _____

Please indicate another person to call if an accident occurs:

NAME _____ PHONE _____

Parent or Guardian of minor must read and complete the following:

Without this signed authorization from the parent/guardian, hospitals in many states are obligated by law to delay treatment of a contestant's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

Check one:
 If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

If my child, named above, needs medical treatment during this event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

Adult athletes hereby authorize and consent to emergency medical treatment. Exceptions List any medical procedures that you do not want performed unless specific approval is received:

COMPETITOR ACKNOWLEDGES THAT COMPETITOR HAS HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

PRINT Name of Competitor _____ SIGNATURE of Competitor _____ Date _____

Signature of Parent or Guardian _____ Date _____

ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION FOR the opportunity to participate in the EVENT described below, PARTICIPANT acknowledges, agrees and affirms the following:

1. The following words used in this document will have the meaning indicated:

A. EVENT shall mean the _____

B. USAW shall mean The United States of America Wrestling Association, Inc., d/b/a USA Wrestling, Inc., and its directors, officers, members, employees, officials, committees, clubs, affiliates, agents and their successors and assignees.

C. EVENT ORGANIZER shall mean a club, local organizing committee or any other person or entity responsible for hosting, conducting, and/or sponsoring the EVENT, including any director, officer, member, official, committee or agent thereof and their successors and assignees.

D. PARTICIPANT shall mean the undersigned individual who competes or is involved in the EVENT and his/her parents, legal guardians, heirs, personal representatives and their successors and assignees.

E. PERSONAL INJURY shall mean and include any bodily injury; permanent, temporary, total or partial disability; paralysis; dismemberment; or death.

F. PROPERTY DAMAGE shall mean and include damage or destruction to PARTICIPANTS gear, equipment and all other personal property or belongings.

G. MEDICAL TREATMENT shall mean and include all emergency medical treatment, medical procedures, hospitalization or other care rendered to PARTICIPANT in connection with or resulting from his/her participation in EVENT.

H. LOSS shall mean and include any and all liabilities, losses, damages and claims (including reasonable costs and attorneys fees), which are suffered or result directly or indirectly from PERSONAL INJURY, PROPERTY DAMAGE and/or MEDICAL TREATMENT to PARTICIPANT, or others, and which are incurred during or in the course of PARTICIPANTS preparation for, participation and involvement in, and travel to or from the EVENT or the conduct and management of the EVENT.

2. By issuing a sanction for the EVENT, USAW is not responsible or liable for the management or conduct of the EVENT, unless USAW has otherwise expressly agreed in writing to serve in such role.

3. PARTICIPANT understands and appreciates the risks of serious injury that may occur in the sport of wrestling or in the course of preparing for, participating in and traveling to or from the EVENT, and that such activities may involve risks, including PERSONAL INJURY.

4. PARTICIPANT knowingly and voluntarily assumes all such risks of LOSS and all legal and financial responsibility therefore.

5. PARTICIPANT releases, waives any claims and promises not to sue the EVENT ORGANIZER and/or USAW with respect to any LOSS incurred during or in connection with his/her participation in the EVENT, any activities associated with the EVENT and the conduct and management of the EVENT (including as may result from the negligence of the EVENT ORGANIZER), except any LOSS which is the result of gross negligence and/or willful or wanton misconduct by the EVENT ORGANIZER. PARTICIPANT further agrees to hold harmless and indemnify the EVENT ORGANIZER and/or USAW from any claims brought against the EVENT ORGANIZER and/or USAW resulting from, arising out of or in any way associated with any LOSS.

6. Prior to participating in the EVENT, PARTICIPANT shall have the right to inspect the facilities and equipment to be used and, if PARTICIPANT discovers any condition which he/she reasonably believes to be unsafe, PARTICIPANT will immediately cause EVENT officials to be notified of such condition and will not participate in the EVENT so long as such condition exists.

BY SIGNING THIS DOCUMENT, PARTICIPANT ACKNOWLEDGES HAVING READ AND UNDERSTOOD ITS MEANING AND CONTENTS.

PRINT Name of Competitor

SIGNATURE of Competitor

Date

Signature of Parent or Guardian

Date