

CT FREESTYLE WRESTLING TOURNAMENT
Danbury PAL Building 35 Hayestown Rd Danbury, CT 06811
SATURDAY May 31, 2014

Divisions: Elementary, Middle School, High School Wrestlers
OUT OF STATE WRESTLERS WELCOME, Must pay with CASH
Entry Fee: \$25.00 at the door, \$20 Pre-Registration

Different Weigh in times by division

Elementary & Middle School Weigh-ins: 7:30 am to 8:45 am, w/ a start time of 9:30

During weigh-ins, all competitors will be inspected for skin rashes.

Wrestlers with skin rashes will not be allowed to compete unless they have a current doctor's excuse saying they are under treatment, are not contagious as of a specified date and are cleared to wrestle. Tournament officials reserve the right to refuse entry to questionable cases.

Format: Madison weights – 4-5 man Round Robin – Freestyle
Elementary and Middle School bout times will be 2, 2

High School Weigh-ins: 9:00am to 10:00am, w/ a start time of 11:00.

During weigh-ins, all competitors will be inspected for skin rashes.

Wrestlers with skin rashes will not be allowed to compete unless they have a current doctor's excuse saying they are under treatment, are not contagious as of a specified date and are cleared to wrestle. Tournament officials reserve the right to refuse entry to questionable cases.

Format: Madison weights – 4-5 man Round Robin – Freestyle
High School bout times will be 3, 3

A 2013-2014 USA Wrestling card **MUST** be shown at registration.

USA Cards will be for sale at this tournament for \$36. (NOTE: if wrestler is under 18 years old, their parent **MUST** sign the registration form (see USAWCT.org web site for 2013-2014 Membership Application to Pre- Register for a USAW card.)

- Admission for Spectators: \$3 for adults, \$1 for students
- Free admission for Coaches with 2013-2014 USAW Coaches' Card
 - Emergency Medical Personnel will be on-site.
 - Breakfast, lunch and snacks available on-site

Medals for the top three finishers in each weight class

******Under 18 must have a parent sign the registration form.******

- For Information: Sarah Jadach email sjadach23@aol.com
- Make checks out to USAWCT , Pre-Registration forms should be mailed to Sarah Jadach 20 Lakeview Terr. Derby CT 06418, no later than May 28th

Elementary Division: Born 2004, 2005, 2006 & 2007

Middle School Division: Born in 1999 and currently in Middle School, 2000, 2001, 2002, 2003

High School: Born 1994 & after, plus enrolled in 9-12 grade (1994-1999)

Birth Certificate must be available upon challenge by tournament Director or other athlete
Challenging athlete must also present birth Certificate in order to challenge another's age. Failure to produce Birth Certificate will result in forfeiture of awards.

Assumption of Risk, Waiver and Release of Liability

NAME..... D.O.B.

STREET..... CITY.....

STATE.....ZIP.....TELEPHONE.....

2013-2014 USAW CARD #.....Club Name.....

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.

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(Participant's Signature) (Print Name) DATE

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

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(Signature of Parent or Legal Guardian) (Print Name / Relation to Minor) DATE