

SPAR Wrestling Academy

USA Wrestling Waiver and Release from Liability

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1. I,kin, personal representative, agents, insurers, suc	_, the undersigned, on i	Denair of myself, my neirs and next of
FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN		
WRESTILING ASSOCIATION, INC., its insurers, its affiliated clubs (SPAR Wrestling Academy), administrators,		
agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA		
Wrestling, and any and all participants, officials		
sponsors, advertisers, local organizing commit		
premises used to conduct any USA Wrestling sa		
"Releases") from any and all liabilities, claims,		
nature, past, present or future, direct or co		
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 RELEASEES, or hidden,		
latent or obvious defects in the facilities or equipment used.		
2. 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. 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. Releaser acknowledges and fully understands that each participant in any USA Wrestling		
sanctioned event, meet, practice or activity, including Releaser, 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 releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other		
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 that 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 INTEN	т.
(Participant's Signature)	(Date)	(Print Name)
The undersigned,	does hereby represent	that he/she is, in fact, the parent or
legal guardian of		capacity agrees to the terms and
conditions of the above stated waiver and release.		

(Date)

(Signature of parent or legal guardian)

(Relationship to minor)

(Print Name)