

# MINGUS WEEKEND WARS

## Waiver & Release from Liability

Wrestler USA Wrestling Card Number \_\_\_\_\_

Wrestler Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School/Club: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Weight: \_\_\_\_\_

### Emergency Contacts:

Contact #1 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Wrestler: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact #2 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to Wrestler: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, the undersigned parent/guardian of the individual above, give permission for participation in this wrestling tournament and understand that participation is at his/her own risk. We, the undersigned student, and guardian, understand that permanent injury, even death, are possible in the contact sport of wrestling and accept these risks. We also do not hold the tournament staff, the host location, Coaches, Parents, or associated workers responsible for such an occurrence. All information pertaining to eligibility and proof of age are current and correct.

On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club/School, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

\_\_\_\_\_  
Parent or Guardian Signature                      Parent or Guardian Printed Name                      Date

\_\_\_\_\_  
Athlete Signature                                      Athlete Printed Name                                      Date

***THIS IS MANDATORY!! NO EXCEPTIONS!! MUST HAVE SIGNATURES!!***