RTC EVENTS present

The Inaugural North Valley RTC 'Preseason Classic'

> DATE: Saturday, October 9th, 2021

LOCATION: Shadow Mountain High School - Main Gym

2902 E. Shea Blvd, Phoenix, AZ 85028

> SCHEDULE: 7:00am - Doors Open

7:30am — Weigh-Ins (competition attire worn for weigh-ins)

8:30am — Wrestling tarts ASAP (done approx. 5pm)

➤ **WEIGHTS**: New NFHS Weight Classes | Boys: (14) Weights | Girls: (12) Weights

Boys: 106, 113, 120, 126, 132, 138, 144, 150, 157, 165, 175, 190, 215, HWT

Girls: 100, 107, 114, 120, 126, 132, 138, 145, 152, 165, 185, 235

➤ **ADMISSION**: \$5 Entry at Door (18yrs & Older – Under 18yrs are Free)

CONCESSIONS: Concessions Stands will be Available

➤ **HOSPITALITY**: Yes! For Coaches Only (Bands will be Provided)

➤ **FORMAT**: Individual Bracket Tournament | Double Elimination

✓ TrackWrestling and AIA Officials

✓ 'Hard Luck' tourney for 0-2 & 1-2 wrestlers (if enough participants)

√ 3 Periods – 1:30 each

✓ Medals for Top Four

ENTRY FEE: \$20 per Wrestler ---> Waiver Required for each Wrestler

PAYMENTS: Cash or Check. Make checks out to 'SM Wrestling Booster Club'

*** **ALL** proceeds support Shadow Mountain Wrestling Booster Club

➤ **RSVP**: Online Registration will be available via TrackWrestling

TOURNAMENT HOST TOURNAMENT DIRECTOR

Tyrone Abercrombie (SM) Chris Reid (Pinnacle)

justwrestle@hotmail.com chreid@pvschools.net

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ASSUMPTION OF RISK AND WAIVER OF LIABILITY FORM

Date: Saturday, October 9th, 2021

Those desiring to participate should be aware that participation in any physical activity may entail certain risks. Some risks are inherent in any activity where participants run, jump, stretch, use equipment, and come into contact with each other. Injuries can occur from falls, contact with other participants, equipment, the running surface, and/or people and/or equipment on or adjacent to the sidelines, etc. Other risks include the risk of exacerbating pre-existing medical conditions or allergies, whether known or unknown. Risks associated with participation in physical activities include the risk of injury (including paralysis and even death), illness, emotional distress. Medical and psychological treatment and related expenses.

RELEASE OF ALL CLAIMS, ASSUMPTION OF RISK AND WAIVER

On	Beh	alf of	("student"), I agree that I want the named
On Behalf of ("student"), I agree that I want the named student to participate in the off-season activity indicated above. I have made this decision after carefully reviewing and agreeing to the terms of the preceding notice. I understand that participation in this activity is purely voluntary, and I expressly release <i>PVUSD and NVRTC</i> employees, agents, insurers, counselors, advisors, volunteers, officials, teachers, and administrators from any past or future liability whatsoever for acts or omissions related to the activities, including individual negligence not amounting to gross negligence and transportation to, from and during the activities in connection with this agreement. This assumption of risk is all-inclusive, regardless of the source of injury or loss, or the nature of the act or omission resulting in the injury or loss. I agree that I am solely responsible			
for allowing my child to participate in these activities and for any resulting medical related expenses incurred during			
their participation, regardless of any existing medical conditions or allergies, whether known or unknown. I agree that if my child becomes ill or is injured, PVUSD and NVRTC staff have permission to seek medical attention for my			
child. I will indicate any special medical condition(s) or need(s) below:			
1	\Rightarrow	Dated this day of	, 20
	7	Student Name (<i>Printed</i>):	
4	7	Student Name (Frinted).	
	\Rightarrow	Parent/Guardian Name (<i>Printed</i>):	_
	\Rightarrow	Parent Signature:	
	\Rightarrow	Contact Phone:	#