

IHSWCA
Middle School State Tournament
Medical Release Form
New Castle High School Fieldhouse

Registration & Payment online at Trackwrestling.com.
Weigh-in just prior to going to mat for 1st Round Match

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BIRTH DATE _____ GRADE _____ USA# _____ SCHOOL _____

"PARTICIPANTS WAIVER AND MEDICAL CONSENT"

In consideration of your acceptance in this tournament, I the undersigned agree to the following:

- A. That prior to participating, I will inspect the facilities and equipment to be used, and if I believe anything to be unsafe, I will immediately advise my coach or supervisor of such condition(s) and refuse to participate.
- B. Acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to me, or not reasonably foreseeable at this time.
- C. Assume all the forgoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- D. Release, waive, discharge and covenant not to sue The Indiana State Wrestling Association of USA Wrestling, its affiliated clubs, their administrators, directors, agents, coaches and other employees or the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to the undersigned, his or her heirs and next of kin, for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release.
- E. I, the undersigned, will follow the rules and regulations of the I.S.W.A.; obey my coach/team leader; tournament director and officials. I am in good health and physical condition for this sport and understand that if I am under eighteen years of age I am required to have confirmation of this agreement by my parents or guardian.
- F. I/We, the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency for the undersigned wrestler, a participant in this tournament. I/We also authorize the attending medical personnel to execute on my/our behalf any permission forms and other appropriate documents and act on my/our behalf if I/We are unavailable to do so.

Wrestler's Signature _____ Printed _____

Parent's Signature _____ Printed _____

Emergency Contact if available: (Name) _____ (#) _____