

CT FREESTYLE WRESTLING TOURNAMENT SERIES
Danbury PAL Building 35 Hayestown Rd Danbury, CT 06811
Saturday July 1st, 2017

Divisions: Bantam, Intermediate, Novice, Middle School, High School, Open Wrestlers
OPEN wrestlers must purchase USA cards online prior to tournament

www.usawct.org

OUT OF STATE WRESTLERS WELCOME, Must pay with CASH
Entry Fee: \$25.00 one style...\$35 two Styles

Freestyle Weigh-ins: 7:30 am to 8:30 am, w/ a start time of 9:15

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

Format: Madison weights – 4-5 man Round Robin – Freestyle

Greco Weigh-ins: 11:30am to 12:00am, w/ a start time of 1:00.

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

Format: Madison weights – 4-5 man Round Robin – Greco

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.

A 2016-2017 USA Wrestling card **MUST** be shown at registration.

USA Cards will be for sale at this tournament for \$37. (NOTE: if wrestler is under 18 years old, their parent **MUST** sign the registration form (see USAWCT.org web site for 2016-2017 Membership Application to Pre- Register for a USAW card.)

- Admission for Spectators: \$3 for adults, \$1 for students
- Free admission for Coaches with 2016-2017 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 ctusawrestling@gmail.com
- Pre-Registration forms should be emailed to Sarah Jadach ctusawrestling@gmail.com

Bantam Division: Born 2009 & 2010

Intermediate Division: Born 2007 & 2008

Novice Division: Born 2005 & 2006

Middle School Division: Born in 2002 and currently in 8th Grade, 2003, 2004

High School: Born 1997 & after, plus enrolled in 9-12 grade

OPEN: Any Age

Depending on Bracket Sizes (Bantam & Intermediate) or (Novice & Middle School) Divisions may be combined with consent of wrestlers.

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 Style Freestyle
 NAME Jackson Meehan D.O.B. 11/30/07
 STREET 36 Sarah Drive CITY Merrimack
 STATE NH ZIP 03054 TELEPHONE 603-801-9314
 2016-2017 USAW CARD # 98917301 Club Name Merrimack, NH

Waiver and Release from Liability

I, Heather Meehan 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.

Jackson Meehan Jackson Meehan 4/19/17
 (Participant's Signature) (Print Name) DATE

The undersigned Heather Meehan does hereby represent that he/she is, in fact, the parent or guardian of

Jackson Meehan and acting in such capacity agrees to the terms and conditions of the above

stated waiver and release.

Heather Meehan Heather Meehan/mother 4/19/17
 (Signature of Parent or Legal Guardian) (Print Name / Relation to Minor) DATE