Illinois Kids Wrestling Federation
Competitor Card Application 2007-08

Annual Membership: $35, card valid 9/1/07 through 8/31/08

Note: All wrestlers who were not issued a membership card during the 2006-07 season must include a copy of their birth certificate. National rules require this form be completed in full for each applicant. Incomplete forms or forms received without payment will not be processed.

First Name: **Last Name:**

☐ **Male** or ☐ **Female** **Date of Birth:** __ / __ / __

Address:

City: **Zip Code:**

Home Phone Number: ___ - ___ - ____

Club:

USA Wrestling Waiver and Release from Liability

1. I, _____, the undersigned, on behalf of myself, my heirs, and next of kin, personal representative, agents, insurers, successors and assigns (all herinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affliated 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) owner, 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 of 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 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. 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 any other losses to person or property, including death, and that severe social and economic losses may result not only from releasor'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 Releasor acknowlegdes and fully understands that there may be other associated risks with such activities which are not known or not reasonably forseeable 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.**

_____ _____ _____

(Participant's Signature) (Date) (Print Name)

(APPLICANTS UNDER THE AGE OF 18 ARE NOT REQUIRED TO SIGN THIS FORM.)

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

_____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

_____ _____ _____ _____

(Signature of parent or legal guardian) (Date) (Print Name) (Relationship to minor)

Send completed application and payment to (payment must accompany form):
IKWF, 4932 Wilshire Blvd, Country Club Hills IL, 60478
Make checks payable to IKWF