

WESTERN STATES WRESTLING CHAMPIONSHIPS

Assumption of Risk, Waiver & Release of Liability

IN CONSIDERATION FOR the opportunity to participate in the EVENT described below, PARTICIPANT acknowledges, agrees and affirms the following:

1. The following words used in this document will have the meaning indicated:

- A. "EVENT" Shall mean **12TH ANNUAL WESTERN STATES WRESTLING CHAMPIONSHIPS**.
- B. "EVENT ORGANIZER" shall mean a club, local organizing committee or any other person or entity responsible for hosting, conducting and/or sponsoring the EVENT, including any director, officers, members, officials, committee or agent thereof and their successors and assigns.
- C. "PARTICIPANT" shall mean the undersigned individual who competes or is involved in the EVENT and his/her coaches, parents, legal guardians, heirs, personal representatives and their successors and assigns.
- D. "PERSONAL INJURY" shall mean and include any bodily injury; permanent, temporary, total or partial disability; paralysis; dismemberment or death.
- E. "PROPERTY DAMAGE" shall mean and include loss, damage or destruction to PARTICIPANT'S gear, equipment and all other personal property or belongings.
- F. "MEDICAL TREATMENT" shall mean and include all emergency medical treatment, medical procedures, hospitalization, transportation or other care rendered to PARTICIPANT in connection with or resulting from his/her participation in EVENT.
- G. "LOSS" shall mean and include any and all liabilities, losses, damages and claims (including reasonable costs and attorney's fees), which are suffered or result directly or indirectly from PERSONAL INJURY, PROPERTY DAMAGE and/or MEDICAL TREATMENT to PARTICIPANT, or others and which are incurred during or in the course of PARTICIPANT'S preparation for, participation and involvement in, and travel to or from the EVENT or the conduct and management of the EVENT.

2. By sponsoring the EVENT, CLOVIS HIGH SCHOOL or CLOVIS UNIFIED SCHOOL DISTRICT personnel are not responsible or liable for the management or conduct of the EVENT, unless they have otherwise expressly agreed in writing to serve in such a role.

3. PARTICIPANT understands and appreciate the risks of serious injury that may occur in the sport of wrestling or in the course of preparing for, participating in and traveling to or from the EVENT and that such activity may involve risks, including PERSONAL INJURY.

4. PARTICIPANT AND PARENTS OR GUARDIANS knowingly and voluntarily assumes all such risks of LOSS and all legal and financial responsibility therefore.

5. PARTICIPANT, PARENTS OR GUARDIANS releases, waives any claims and promises not to file suit against the EVENT ORGANIZERS, CLOVIS HIGH SCHOOL EMPLOYEES and/or CLOVIS UNIFIED SCHOOL DISTRICT with respect to any LOSS incurred during or in connection with his/her participation in the EVENT, any activities associated with the EVENT and the conduct and management of the EVENT. PARTICIPANT, PARENTS OR GUARDIANS further agrees to hold harmless and indemnify the EVENT ORGANIZERS, CLOVIS HIGH SCHOOL and/or CLOVIS UNIFIED SCHOOL DISTRICT from any claim brought against the EVENT ORGANIZERS, CLOVIS HIGH SCHOOL and/or CLOVIS UNIFIED SCHOOL DISTRICT resting from, arising out of or in any way associated with any LOSS.

6. Prior to participating in the EVENT, PARTICIPANT, PARENTS OR GUARDIANS shall have the right to inspect the facilities and equipment to be used and, if PARTICIPANT, PARENTS OR GUARDIANS discovers any condition which he/she reasonably believes to be unsafe, PARTICIPANT will immediately advise EVENT ORGANIZER, EVENT COORDINATORS or EVENT OFFICIALS of such condition and will not participate in the EVENT so long as such condition exists.

7. All insurance information listed below is accurate and up to date. The undersigned hereby agrees to bear all costs incurred as a result of an accident from participation in the 12th Annual Western States Folkstyle Wrestling Championships that may cause any medical or transportation expense or any other expense not covered by their insurance.

Insurance Co.	Policy No.	Medical Group No.	Identification No.
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By signing, the participant and parent/guardian verify having medical insurance coverage that covers injury during wrestling competition. It also verifies the insurance information above is current and accurate. We, the undersigned acknowledge having read this document and fully understood its meaning and content.

Name of Competitor (PRINT)	Signature of Competitor	Date
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Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date
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Age Division _____ Weight Division _____ USA Card No. _____