

# NORTHEAST WOMEN'S FOLKSTYLE CHAMPIONSHIPS

MARCH 6, 2010

LEBANON MIDDLE SCHOOL, LEBANON CT

Exeter Road, Lebanon, CT 06249

**Weigh In and Registration 7:00am to 8:30am. ALL Wrestling to start at 10:00am.**

**Elementary** K-2 Madison Weights , 3-5 Madison Weights

**Middle School** 65,70,77,84,91,98,105,112,120,128,136,144,152,160,175+

**High School** 98,103,112,119,125,130,135,140,145,152,160,171,189,215+

**OPEN** Madison Weights

Weights based on USAWCT



**ONE DAY USA CARDS AVAILABLE FOR \$10.00.**

**TOURNAMENT PRE-REGISTRATION \$15.00**

**ON SITE REGISTRATION \$20.00**

**\*\*\*Tournament Director reserves the right to use Madison weights in the High School and Middle School Divisions should need arise\*\*\*\***



**Local Hotels**

Comfort Suites

275 Otrobando Avenue  
Norwich, CT, US, 06360

Best Western

123 Storrs Rd  
Mansfield CT 800-780-7234

Nathan Hale Inn at UCONN

855 Bolton Rd  
Storrs Mansfield CT 860-427-7888

## Waiver and Release from Liability

1. I, \_\_\_\_\_, 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 affiliated 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 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 actions, in actions or negligence, but also from the actions, in actions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Further 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.

\_\_\_\_\_  
(PARTICIPANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME)

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)

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Weight \_\_\_\_\_ USA CARD # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Make Checks Payable to USAWCT

#### Contact Information

**COACH WAYNE HARRINGTON**

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Lebanon CT 06249