

KENTUCKY USA WRESTLING

Competitor / Coaches' Card Registration Form



Membership Information

Name: _____
 First Name Last Name MI

Address: _____

City: _____

State: _____ Zip: _____ Renewal: ___ Yes ___ No

Phone Number: (____) _____ Card # _____ Age _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Sex: M / F Grade _____

School / Club: _____

Cell Phone: (____) _____

Email Address: _____

Please complete all information on this form. Your email address is very important. This information will be processed online and you will receive your User ID and Password by email. You will be able to download your USA Wrestling card with your User name and password.

KENTUCKY USAW MEMBERSHIP FEES:

Competitor's Card	\$25.00 each	_____
League Card (Only good for MS season in KY)	\$10.00 each	_____
League Card Upgrade (must have League card)	\$15.00 each	_____
Coach's Card (must apply online)	\$50.00 each	_____

Please remember to sign the USA Wrestling waiver form and return it to:

Kentucky State Association
2006 S Woodland Drive
Radcliff, KY 40160 9370

Consent / Waiver

1. On behalf of myself, my heirs and next of kin, personal representative, 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 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 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.

Member Acknowledgement _____ Date

Parent/Guardian Acknowledgement _____ Date

Relationship _____