INDIANA STATE WRESTLING ASSOCIATION, INC.
USA WRESTLING COMPETITOR'S MEMBERSHIP

First	Middle	Last	Suffix (Jr)

Address	City

State	Zip	Main Phone	Alternate Phone
		( )	( )

Date of Birth	Age	Gender	Grade	Club Affiliation (ISWA Member Clubs Only)

Age Division	Approximate Weight	Participating Styles	
		☐ Folkstyle ☐ Freestyle ☐ Greco	☐ New Member ☐ Renewal

Email Address – Address will be used solely to update our membership

CARD FEE: $30.00

When applying for your card by mail, you must send a copy of a birth certificate, driver's license, etc., along with your application and fee in order that your birth may be verified.

RETURN APPLICATION AND FEE TO:
INDIANA STATE WRESTLING ASSOCIATION
P.O. BOX 157, BEECH GROVE IN 46107

DATE:_____

USAW CARD NUMBER

#_____

BIRTH VERIFIED

☐YES ☐NO

USA Wrestling Wavier/Liability Release – Completion is Mandatory

1. I _____, the undersigned, 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, officials, 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 activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expense can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND OTHER LOSSES OR DAMAGE 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, inactions 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 wavier and release.

_____ _____ _____
(Signature of parent or legal guardian) (Date) (Print Name)