

# KENTUCKY USA WRESTLING

## Competitor Card Registration Form



### Membership Information

Name: \_\_\_\_\_

(Please Print All Information Legibly)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State:  KY  Zip: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F Weight: \_\_\_\_\_

Age \_\_\_\_\_ Grade: \_\_\_\_\_ USAW Full Card Renewal: Yes \_\_\_ No \_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ USAW League Card Renewal: Yes \_\_\_ No \_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ USAW Card/ID # \_\_\_\_\_

School / Club: \_\_\_\_\_

**\*Email Address:** \_\_\_\_\_

Please complete all information on this form. Your **\*email address** is very important for communication purposes. This information will be used for online processing. If you prefer to register online, go to

<https://www.usawmembership.com>

### **KENTUCKY USAW MEMBERSHIP FEES:**

Full Competitor's Card	\$40.00 each _____
Open Athlete License (Age 18+)	\$50.00 each _____
FolkStyle Card (Only good in KY, TN, OH )	\$15.00 each _____
FolkStyle Card Upgrade (only with KY Card)	\$25.00 each _____
Coach's Card (must apply online)	\$50.00 each _____

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

**Team/Club Coach**

**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 \_\_\_\_\_