

"We are committed to excellence"

Event Name: Arizona Jr. High & Middle School State Championships

INDIVIDUAL WAIVER

NO CHILD WILL WRESTLE WITHOUT WAIVER

In consideration of your acceptance of this form, I hereby for myself, my administrators, my heirs and assigns waive and release any and all rights and claims for damages that I have against the organizers, their associates, representatives and affiliates of this event for any and all injuries of any nature suffered by my child while taking part in this event and any related activities. Furthermore, it is understood that each school or club and/or student/athlete must have their own medical insurance in order to participate in the Arizona Jr. High & Middle School State Championships.

(Parent or guardian signature)

(Date)

(Name of Student)

Age group ***** Weight

SCHOOL / CLUB INSURANCE WAIVER

We _____ school or club and our team members will not hold Sunkids wrestling club, Az Jr. High & Middle School State Championships or Chandler Unified School District personally liable in case of injury that might be incurred during the said tournament. Furthermore, it is understood that each school or club and/or student/athlete must have their own medical insurance in order to participate in the Arizona Jr. High & Middle School State Championships.

Dated the _____ day of _____ 20__ __

Signed _____
(School- Principal or A.D. Club-Coach)

Please mail or hand deliver (at weigh-ins)

c/o Alex Pavlenko

P.O. Box 4734, Mesa, AZ 85211-4734

DO NOT SCAN & E-MAIL WAIVERS / Please mail or hand deliver (at weigh-ins)