



April 23rd 2022 K-12 Freestyle-Greco Wrestling Event
"MUST PRE-Register We WILL NOT take walk-ins?"

Location: Heritage High School
\$30

Check In 7-9
Rules Clinic 9am
Freestyle Starts 10 am
Greco Clinic/Scrimmages start App. 1pm

9-12 Freestyle 2- 3 min periods 30 sec break between periods
K-8 2-2min period with 30 sec break between periods

Payment: Cash or Check to PWC wrestling (pay on site, day of tournament)

Must have USA Wrestling Card

Sign-up using this link below
http://www.trackwrestling.com/registration/TW_Register.jsp?tournamentGroupId=198915132

SATELLITE WEIGH INS stanberywb@lcsedu.net. BY 8pm April 22nd

Madison System For weigh-ins base on weight and age
Admission is Free

Concessions will be offered. Also we will have vendors and a car show taking place as well, so bring the whole family



Pioneer Wrestling Club "USA" Wrestling 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 WRESTLING ASSOCIATION, INC., its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of US 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 US Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasors") 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 participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited LOSSES CAUSED BY [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 expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENTLY, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY 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 or negligence, but from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of premises or of any equipment used. Further Release, or 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.

4. "These materials and the activity described herein, are not sponsored or endorsed by the Lynchburg City School Board."

I ACKNOWLEDGE THAT I HAVE SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

(Participants Signature) _____ (Date) _____

(Print Name) _____

The undersigned, I _____ 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)

PAID _____

CASH _____

CHECK _____

