



Wrestler's Name (print): \_\_\_\_\_

Name must be the same as it appears on Wrestler's Electronic Registration

Full Name of School: \_\_\_\_\_

School's State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

check one:  Men's Division  Women's Division

## **WAIVER AND RELEASE OF LIABILITY --- 2011 - 2012 SEASON**

The undersigned (the "Undersigned"), for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, including, without limitation, the right to participate in "NCWA Sponsored Events" (below defined), hereby executes this Waiver and Release of Liability in favor of National Collegiate Wrestling Association ("NCWA") and its agents, managers, members, representatives, executive board, committees, committee members, advisory board, board members, legislative council, rules committee, council members, employees, officers, directors, shareholders, trustees, attorneys, affiliates, subsidiaries, insurers and reinsurers, hereinafter collectively referred to as the "NCWA Group".

I.

NCWA has allowed or will allow the Undersigned to participate in NCWA Sponsored Events, in accordance with the wrestling rules and interpretations, organizational and governing documents, and other applicable requirements of the NCWA, existing from time to time. As used herein, the term "NCWA Sponsored Events" shall mean any and all activities, competitions, events, or functions sponsored by, affiliated with, associated with, or relating to the NCWA, including, without limitation, recruiting, practice, travel, lodging, wrestling, tournaments, matches, competitions, and other similar or related events or activities.

II.

NCWA has warned the Undersigned, and the Undersigned hereby acknowledges receipt of such information, that participation in NCWA Sponsored Events may be dangerous to health and property. Without limiting the generality of the foregoing, the Undersigned hereby acknowledges that participation in NCWA Sponsored Events can cause and will subject the Undersigned to the risk of death, paralysis, cerebral or cognitive injury, personality disorder, bodily injury, mental anguish, pain, suffering, and similar or related conditions.

III.

THE UNDERSIGNED HEREBY WAIVES AND RELEASES THE NCWA GROUP FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, SUITS AND ACTIONS OF ANY KIND, WHETHER AT LAW, IN EQUITY, THROUGH LITIGATION OR ARBITRATION, IN CONNECTION WITH ANY INJURY OR DEATH TO PERSON OR DAMAGE TO OR LOSS OF PROPERTY IN CONNECTION WITH ANY AND ALL NCWA SPONSORED EVENTS.

IV.

The Undersigned, having acknowledged awareness of the risks to health, life, and damage to property associated with the NCWA Sponsored Events, hereby expressly acknowledges and warrants to NCWA that the Undersigned will take all precautions necessary to protect the Undersigned against such risks, and that such risks shall be the sole responsibility of the Undersigned. The Undersigned further acknowledges that, but for the execution of this Waiver and Release of Liability, and the acknowledgment by the Undersigned of the provisions hereof, that NCWA would not allow the Undersigned to participate in NCWA Sponsored Events.

V.

The Undersigned understands and agrees that the NCWA Group has not made any effort or taken any action, and shall not be required to make any effort or take any action, to protect the Undersigned from any of the risks described in this Waiver and Release of Liability.

VI.

This Waiver and Release of Liability shall be construed and enforced in accordance with the laws of the State of Texas, and any dispute arising in connection herewith shall be subject to the exclusive jurisdiction and venue of the State and Federal courts located in Dallas County, Texas.

\_\_\_\_\_  
*Print Name of Wrestler*

\_\_\_\_\_  
*Print Name of Witnessing Coach*

\_\_\_\_\_  
*Signature of Wrestler*

\_\_\_\_\_  
*Signature of Witnessing Coach*

Date of Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

***This form must be completed and signed by the wrestler before participation in any practice or NCWA activity. This form must be submitted to the Head Coach who will verify the***

***wrestler's signature and then FAX the form to toll-free: 1-866-894-5094;***

***OR electronically scan and email the Waiver to: [lelan@ncwa.net](mailto:lelan@ncwa.net)***

***Waiver must be faxed within 48-hours of signature.***

***The Coach is to keep the original in the Coach's NCWA file.***