

# **The Fall Brawl 2014**

**SATURDAY November 22, 2014**

**Bristol Eastern High School, 632 King Street, Bristol, CT 06010**

**OUT OF STATE WRESTLERS WELCOME, Must pay with CASH**

**WALK-INS \$27.00 / PRE-REGISTRATION \$22.00**

**Elementary & Middle School Weigh-ins - 7:45 am to 8:45 am (matches begin approximately 9:30 am)** Elementary Division: Born 2005, 2006, 2007, & 2008 and Middle School Division: Born 2001, 2002, 2003 & 2004. 4 man round robin brackets will be used for these age groups w/ Madison Weights.

**High School Weigh-ins – 9:00 am to 10:00 am (matches begin approximately 11:00 am)** High School Division: Born 2000, 1999, 1998, 1997, & 1996 if registered in a Public High School in the fall of 2014. 8 man line brackets – double elimination will be used for this age group w/ Madison Weights.

During weigh-ins, all competitors will be inspected for skin conditions. Wrestlers with skin conditions will not be allowed to compete unless they have a current doctor's excuse saying they are under treatment, are not contagious as of a specified date and are cleared to wrestle. Tournament officials reserve the right to refuse entry to questionable cases.

NFHS rules apply. Elementary & Middle School bout times will be 1, 1, 1 and High School bout times will be 1.5, 1.5, 1.5.

**Medals for the top three finishers in each weight class.**

***A 2014-2015 USA Wrestling card MUST be shown at registration. If you don't have a card, a USAW Card can be purchased at the tournament site for \$36.00, except for Open Division Wrestling. They must purchase their membership online.***

Admission for Spectators: \$3 for adults, \$1 for students • Free admission for Coaches with 2014-2015 USAW Coaches' Card • Emergency Medical Personnel will be on-site. • Breakfast, lunch and snacks available on-site • Wrestling equipment will be available for purchase

**\*\*\*\*Under 18 must have a parent sign the registration form.\*\*\*\***

For Information: Bryant Lishness 860.402.0346 email jlish11@snet.net

Complete entry form, enclose check payable to **Bristol Eastern Wrestling** for \$22.00 and (if under 18) **HAVE IT SIGNED BY A PARENT**

• **Mail to Bristol Eastern Wrestling, 632 King Street, Bristol, CT 06010** by November 19,, 2014.

• No refunds of pre registration fee except for injuries. Written documentation required.

***Birth Certificate must be available upon challenge by tournament Director or other athlete. Challenging athlete must also present birth certificate in order to challenge another's age. Failure to produce Birth Certificate will result in forfeiture of awards.***

Application for Tournament / Assumption of Risk, Waiver and Release of Liability

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NAME..... DATE OF BIRTH .....

STREET.....CITY..... STATE.....

TELEPHONE.....

2014-2015 USAW CARD #.....Club Name.....

**Waiver and Release from Liability**

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 OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliate 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 USAW 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 other losses to person or property, including death, and that severe social and economic losses may also result not only from Releasor's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Furthermore 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) (Print Name) DATE

The undersigned \_\_\_\_\_ does hereby represent that he/she is, in fact, the parent or 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) (Print Name) DATE  
(Relationship to Minor)