

2023-24 NYWA Membership Form (annual membership)

All wrestlers attending any NYWA tournament must have a valid membership. Return the completed form, along with \$25, to address shown in the center of this page. You will need proof of this membership at each tournament. Memberships purchased or renewed will expire on 08/31/2024.

Go to www.nywa-mn.com and click on "Memberships" to access your wrestler's membership card. This will need to be shown at weigh-ins at all district events.

PLEASE PRINT CLEARLY TO AVOID ERRORS. INCOMPLETE INFORMATION WILL RESULT IN A DELAY ON THE MEMBERSHIP. ** REQUIRED INFORMATION.

****DID YOU PARTICIPATE IN NYWA LAST YEAR (please check): YES: _____ NO: _____**

WRESTLER'S

NAME*: _____ GRADE*: _____ AGE*: _____

ADDRESS*: _____ PHONE*: (____) _____

CITY*: _____ STATE*: _____ ZIP*: _____

EMAIL* (if this isn't filled out clearly, you will NOT receive email): _____

WRESTLING CLUB*: _____

BIRTHDATE*: Month: _____ Day: _____ Year: _____

***THESE ITEMS ARE REQUIRED TO BE FILLED OUT.**

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:

In consideration of participating in the sport of wrestling, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence NYWA and its owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releases"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that the sport of wrestling involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to broken bones, bruises and other bodily injuries caused by falls or contact with walls, floors or other participants; infections caused by contact with other wrestlers or mats; and medical conditions resulting from physical activity. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releases. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releases from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment and facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releases or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

BY SIGNING THIS DOCUMENT, I AGREE THAT IF I AM HURT DURING MY PARTICIPATION IN THIS ACTIVITY, THEN I MAY BE FOUND BY A COURT OF LAW TO HAVE WAIVED MY RIGHT TO MAIN A LAWSUIT AGAINST THE PARTIES BEING REALEASED ON THE BASIS OF ANY CLAIM FOR NEGLIGENCE.

I GIVE PERMISSION FOR THE ABOVE-NAMED PARTICIPANT TO WRESTLE IN ALL NYWA TOURNAMENTS FOR THE WRESTLING SEASON. I ACCEPT FULL RESPONSIBILITY FOR THE PARTICIPANT. I AGREE NOT TO HOLD NYWA, INC., THE TOURNAMENT WRESTLING CLUB, ASSOCIATED SCHOOL DISTRICT OR THE TOURNAMENT FACILITIES, RESPONSIBLE FOR INJURY OR ACCIDENT TO THE PARTICIPANT.

SIGN HERE: _____ DATE SIGNED: _____

(Must be signed by parent or legal guardian)

This form must be completed in its entirety before it can be processed. A PARENT/LEGAL GUARDIAN must complete the form for the membership to be valid.

TEAM COACHES: If you are sending in memberships for your entire team/club, please print off the form and make a copy for each wrestler. **A parent or legal guardian MUST SIGN this form – not the coach!**

Any forms sent MUST include payment. Mail form to NYWA, PO Box 567, Grand Meadow, MN 55936