

RELEASE AND WAIVER OF LIABILITY

NAME: _____

ADDRESS: _____

AGE: _____

BIRTHDATE: _____

SCHOOL: _____

GRADE: _____

I certify that the above stated has my permission to participate in the Border Battle between NE Iowa and Minnesota to be held March 8th, 2019, at Cresco, Iowa.

I/We accept full responsibility for the behavior, personal items, and any bodily injury, partial and/or total disability paralysis or death arising out of the above stated event.

I/We hereby agree to the unconditional release of all liability and hold harmless, The Iowa Wrestling Hall of Fame, Howard Winneshiek Community Schools, Their Agents, Their Employees, and Assigns arising out of the Border Battle.

PARENT OR GUARDIAN:

(print) _____

(signature) _____

DATE: _____

email; dmeirick@gmail.com