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| **T.H.S.W.P.A.**  click above line and type | | | | | | | | | | | |
| ***Regional and State Meet Release Form*** | | | | | | | | | | | |
|  | | | |  | | | | | | | |
| Name | |  | | | | | | | | | |
| Weight Class | | | |  | | | | | | | |
| Name of School | | | | | |  | | | | | |
| City | | |  | | | | | | | Zip Code |  |
| Emergency Phone Number | | | | | | |  | | | | |
| Person to contact in case of emergency | | | | | | | | |  | | |
|  | | | | | | | | |  | | |
|  | | | | | | | | | | | |
| ***I hereby, for myself, heirs, executors, and administration, waive and release any and all rights and or claims for damages I may have against the T.H.S.W.P.A., its’ directors, meet organizers, sponsors and the State or Regional meet site and their representatives, for any and all injuries which may be suffered by me in the competition.*** | | | | | | | | | | | |
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|  | | | | |  | | | | | | |
| *Signature Athlete* | | | | |  | | | | | | |
| |  | | --- | |  |   *Date* |  | | | | | | | | | | |
|  | | | | | | | | | | | |
| *Signature of Parent or Guardian* | | | | | | | |  | | | |
| |  | | --- | |  |   *Date* |  | | | | | | | | | | |
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