Illinois / USA Wrestling 2017-18 Athlete Membership Application

Annual Membership: \$45, card valid 9/1/2017 through 8/31/18

Send completed application to: IL/USAW, 4932 Wilshire Blvd, Country Club Hills, IL 60478

Make checks payable to IL/USAW (payment must be included with form)

In compliance with Federal Form 990, IL/USAW requests any suspicious activity that member, member's

parent or guardian witness, be reported to Don Reynolds at dreynolds@ikwf.org.

THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FUTHER AGREE that if, despite the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim. I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUSEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. **Not required if under 18 years old** (Participant's Signature) (Date) (Pate) (Print Name) (Paticipant's Signature) (Date) (Print Name) (Print Name) (Paticipant's Signature) (Paticipant's Signatu	First Name:												Last Name:														
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