



ALBERTA AMATEUR WRESTLING

11759 GROAT RD. EDMONTON, AB T5M 3K6
<http://albertaamateurwrestling.ca>

PHONE (780) 643-0799
aawaprogramdirector@gmail.com

2024 Alberta Open

March 23-24, 2024

Waiver and Assumption of Risk Agreement

I, _____, hereby acknowledge that participating in an age group older than my own, for development and competition purposes, might result in personal injury. I fully understand that the rule set may differ and I will be competing against older athletes. I fully understand these risks and hereby agree to participate in the 2024 Alberta Open voluntarily and at my own risk.

I agree that the Alberta Amateur Wrestling Association, and any of their servants, agents, sponsors, volunteers or employees will not be held responsible for any accidents or loss, however caused, and agree to release that same from all claims or damages that may arise as a result of or by any reason of such accidents or loss.

Signature of Participant

Participant Name (Please Print)

Parental Signature (if participant under 18)

Date

Coach Signature

Date

Note: This waiver must be handed in prior to participation in the tournament at fee collection