



## FreeStyle and Grappling Competitor Waiver

I, \_\_\_\_\_ (print name)

declare that:

1. I am covered by one or more of the following:
  - a. my own USA Wrestling medical policy, or
  - b. my own personal medical policy, or
  - c. my own employment medical policy, or
  - d. my own government medical policy

which contains accident/hospitalization coverage that will cover me in the event of an accident or injury which may arise from my training, travelling to/from, or participating in this Cleveland Gay Games 9 Wrestling & Grappling Tournament, and...

I will produce these insurance documents at weigh-ins Monday 11 August 2014, and ...

2. I swear that all information on this entry form is true to the best of my knowledge, and...
3. I agree that I and I alone will be held responsible for my own conduct while attending this event, and...
4. I agree that if I am accepted as a participant in this Cleveland Gay Games 9 Wrestling & Grappling Tournament, I will do so at my own risk and of my own free will, and I will not in any way hold liable the various tournament sponsors and organizers for any injuries or losses which I may sustain directly or indirectly from training, travelling to/from, or competing in the aforementioned tournament:
  - a. **Cleveland Special Events Corporation, dba Gay Games 9**
  - b. **Wrestlers WithOut Borders**
  - c. **Ohio USA Wrestling Association**
  - d. **the Ohio USA Wrestling Association tournament officials and referees**
5. I agree that this Waiver is in addition to but does not replace the Gay Games 9 Terms and Conditions I agreed to as part of my registration for the 2014 Gay Games.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_