



Yeshiva University Henry Wittenberg Wrestling Invitational

FEBRUARY 12-15, 2010

STUDENT PARTICIPATION FORM

Due Date: December 31, 2009

Please Note: Facsimiles of this form are NOT acceptable - original documents only

Please type or clearly print the information requested below.

Name: _____

Address: _____

Phone Number: () _____ Date of Birth: ____ / ____ / ____

Email Address _____

High School: _____ Year: FR SO JR SR

In case of emergency please call: Name: _____

Phone: () _____ Relationship to participant: _____

As a participant in the Yeshiva University Henry Wittenberg Wrestling Tournament, the following points are fully understood:

- I. Adherence to the total program is required for each participant.*
- II. Participants are responsible for any damage that they may cause to Yeshiva University and any property of third parties.*
- III. Throughout the entire weekend, participants must adhere to the high standards of religious observance expected at a Yeshiva University event.*

To be completed by participant's parent or guardian

I hereby grant permission for my son, _____, to attend the Thirteenth annual *Yeshiva University Henry Wittenberg Wrestling Invitational* from Friday, February 12, through Monday, February 15, 2010.

In consideration of my child's participation in the Thirteenth annual *Yeshiva University Henry Wittenberg Wrestling Invitational*, I agree that Yeshiva University and my child's school shall not be liable for any loss or damage to property, or personal injury to any individual including my child. I assume all responsibility and will indemnify and hold harmless Yeshiva University, its officers, directors, agents and employees, and my child's school, for any claims, suits, costs or liability (including reasonable attorney's fees) for any and all damage caused by my child, including personal injury with regard to this conference. This release, indemnification, and hold harmless are also applicable to the transportation of my child to and from the conference. In the case of emergency, the Tournament Directors or health care professionals selected by them have authorization to order whatever medical or surgical treatment deemed necessary for my child.

Signature of Parent/Guardian

Date

Signature of Participant

Date