



2018 Hofstra Wrestling YOUTH DUAL TOURNAMENT Sunday, July 29, 2018



FORMAT: TEAM ROUND ROBIN DUALS **EACH TEAM WILL GET 4-6 MATCHES**

DIVISION: K-8 GRADE (All wrestlers must be 14 years of age or younger as of date of tournament)

Weight Classes: 48, 53, 58, 63, 68, 73, 78, 85, 93, 99, 105, 119, 126, 134, HWT (Max 150)

Mandatory *Saturday, July 28: 7-8 pm*
OR
Weigh-Ins: *Sunday, July 29: 7:30-8:30 am*

Team Cost: \$600
Paypal money to blueandgoldwc@gmail.com
to reserve your spot

WHERE:
David S. Mack Physical Education Center
900 Fulton Ave
Hempstead, NY 11549

Awards: 1st-4th place teams get trophies
Team MVP Trophy for each team

Contact: Tournament Directors Tim Flick- tflick1@bluewavewrestling.org Mike Patrovich- 631trained@gmail.com
(631) 748-2951 (631) 300-7677

******ALL PROCEEDS GO TO SUPPORT HOFSTRA WRESTLING******

HOFSTRA ATHLETICS **MEDICAL AND LIABILITY RELEASE FORM** **NAME OF ACTIVITY Summer Heat Wrestling Tournament**

PLEASE NOTE: Each participant must present a completed form at registration. If the participant is under the age of eighteen (18) years, the form must be completed by participant's parent or legal guardian. Any participant who does not present the form at the activity/event will not be permitted to participate. **PLEASE DO NOT MAIL THIS FORM TO HOFSTRA UNIVERSITY.**

Participant's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

E-mail: _____

Emergency Contact if Parent/Guardian cannot be reached:

Name: _____

Cell Phone: _____

MEDICAL HISTORY

Allergies: _____

Current Medications: _____

I hereby state that I am in good health, have been to a physician within the past year and am physically able to participate in the activities/event sponsored by the Hofstra University Spirit Support team(s).

Should I become injured during the activity/event I hereby grant permission to Hofstra University, Hofstra University Health and Wellness Center Staff members, Hofstra University trainers and/or Hofstra University coaches to arrange for my transportation to a hospital and/or administer immediate first aid as deemed necessary.

NOTICE TO ALL PARTICIPANTS

Please be advised that you are participating in the above-referenced activity (“Activity”) **at your own risk**. You are solely responsible for any and all expenses related to injuries and/or loss or damage of personal property incurred in connection with your participation in the above Activity.

Further, you agree to hold Hofstra University, its trustees, directors, officers, employees, servants, representatives and agents harmless from and against any and all claims, losses, damages, expenses (including attorneys’ fees, and all court and litigation costs) and liability (including statutory liability), resulting from injury and/or death of any person or damage to or loss of any property arising out of your participation in the above Activity.

ACKNOWLEDGMENT AND RELEASE

By signing this document I acknowledge that I am participating in this Activity individually and at my own will.

I agree, beginning as of the date of execution of this Release, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter “Pictures”) and/or audio recordings (“Recordings”) may be taken of me, individually or with others, by or on behalf of Hofstra University in connection with this Activity, and agree that all rights therein shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University and that such rights are freely assignable by Hofstra University.

I further agree that, without any compensation or notification to or approval by me, the Pictures or Recordings may be used, reproduced or otherwise disseminated or published by or on behalf of Hofstra University directly or indirectly for any purpose, including but not limited to advertising and/or promotional purposes, in any manner, and at any time that Hofstra University desires.

For good and valuable consideration, receipt of which is hereby acknowledged, I hereby agree to release and discharge Hofstra University, its officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that I may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings.

I hereby warrant that I am eighteen (18) years of age or older and competent to contract in my own name in so far as the above is concerned or that if I am under eighteen (18) years of age, my parent or legal guardian has reviewed and signed this Notice, Acknowledgment and Release.

I have read the foregoing before affixing my signature below, and warrant that I agree with and fully understand the contents thereof.

Date: _____

Name: _____

Signature: _____