

PLEASE PRINT

Name _____ Phone _____ Age _____
 Address _____ City _____ State _____ Zip _____
 E-Mail Address _____ Occupation _____

RELEASE

In consideration of my being allowed to participate in this tournament I, the undersigned, release:
 United States Armwrestling Federation, Matt Bertrand, any and all of their officers and staff and all other sponsors, their agents, partners, employees, and any assigns thereof from any and all claims for damages or injuries arising out of my said participation. If any party hereto finds it necessary to institute an action at law or to employ an attorney, all litigation will take place in Houston, TX and the prevailing party shall be entitled to recover from the other partie(s) a reasonable attorney's fee and all court costs, plus all other reasonable expenses necessarily incurred in any such proceedings.
 I further certify that I am in good health.

Signature _____ Date _____

IF YOU ARE UNDER THE AGE OF 18 YOU MUST HAVE A PARENT OR LEGAL GUARDIAN SIGN BELOW!

I have read, understand and agree the above release information and give my permission, a parent or legal guardian, to allow my son/daughter to participate in this Championship.

XX Signature _____ Date _____
 Parent or Legal Guardian

DO NOT WRITE BELOW THIS LINE
For Officials Use Only - Officials Initials _____

Men OPEN Right Hand	0-154	155-176	177-198	199-242	243+
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Men's OPEN Left Hand	0-154	155-176	177-198	199-242	243+
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Ladies Right :	0-143		144+		
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Men's NOVICE Right	0-154	155-176	177-198	199+	
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Men's NOVICE Left	0-154	155-176	177-198	199+	
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MASTERS RIGHT	0-165		166-198	199+	
MASTERS LEFT	0-165		166-198	199+	