

Entry Form/ Waiver: Dana College: Pinning Down Autism

Name: _____ Email : _____

Address: _____ Club or School: _____

Phone: _____ Birth date/Grade : _____ Division/Weight: _____

Please mail to:
Dana College Wrestling
2848 College Drive
Blair, Nebraska 68008

Proof of Age or Grade Must be Provided at Tournament

In appreciation of your acceptance of my entry, I agree to be legally bound for myself, my heirs, executors, and administrators, waive and release Dana College, officials, tournament directors, sponsors, and all other representatives from any and all claims of right to damages for any injury suffered by me directly or indirectly as a result of competing in this tournament.

Signature of Wrestler: _____ Date: _____

Signature of Parent: _____ Date: _____

PINNING DOWN  **AUTISM**

