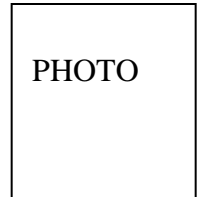




# GUYANA WRESTLING ASSOCIATION

## APPLICATION FOR INDIVIDUAL MEMBERSHIP



PLEASE PRINT

Name: .....

Address: .....

Country of Birth: ..... Mother's Name: .....

Father's Name: .....

Tel/Fax (Res): ..... (Office): ..... Cellular: .....

National I.D/Passport Nr: ..... Date of Birth: .....

Name & Address of Employer/Trade/Academic School: .....

.....

Medical Problem(s), if any: .....

In the event of an emergency, please contact:

Name: ..... relation to Student: .....

Address: .....

Tel Nr (Res): ..... (Work): ..... Cell Nr: .....

THE FOLLOWING RELEASE MUST BE SIGNED BEFORE MEMBERSHIP IS GRANTED

I voluntarily submit my Application for Individual Membership with this Affiliate of the United World Wrestling and assume full responsibility for any and all damages, injuries or losses that I may sustain, if any, while attending regular Training Clinics of participating in Domestic, National or International Games, Tournaments, Championships or Demonstrations.

I hereby waive all claims against this Affiliate and/or the United World Wrestling, Guyana Olympic Association, its Executives, Promoters, Operators and Sponsors and place of occurrence of any of the above-mentioned Events, Individually or otherwise, for any injury that I may sustain.

I also fully understand that any photograph taken of me during any of the said Events may be used for publicity of promotion and hereby waive compensation. I also accept that all fees paid whether registration, monthly, tournament or otherwise are none refundable.

I have read, understand and accept the above disclaimer

.....  
Signature of Applicant

.....  
Date

.....  
Signature of Parent/Guardian (if applicant is under 18 years of age)

For official use only

Student # ...GWA.....

Application Approved by:

.....  
Club Coach

.....  
President of Guyana Wrestling Association