

**REGIONAL & STATE
MEET RELEASE**

Name _____

Weight Class _____

School _____

City _____

Emergency Phone Number

Person to contact in case of emergency

I hereby, for myself, heirs, executors, and administration, waive and release any and all right and claim for damages I may have against the T.H.S.P.A. and its directors, meet organizers and sponsors and the state meet site and their representatives, for any and all injuries which may be suffered by me in the competition.

Signature of
competitor _____

Date _____

Signature of parent or guardian

Date _____