

Release of Liability Form – Region V Regional Powerlifting Meet

I hereby, for myself, heirs, executors, and administration waive and release any right and claim for damages I may have against BISHOP CISD, COUNTY OF KLEBERG, and all directors, meet organizers/sponsors, and the regional meet site and their representatives. I will claim responsibility for any injuries which may be suffered by me in the competition of the THSPA Region V D2 – D3 – D4 Regional Championships on March 5-6-7, 2024. Furthermore, I agree to release BISHOP CISD, THSPA, KLEBERG COUNTY, and all entities tied to them for this event, and hold them harmless from any liability that may arise at the JK NORTHWAY COLISEUM/DICK KLEBERG PARK.

This release form will be valid for the following student for March 5-6-7, 2024.

NAME of LIFTER

WEIGHT CLASS _____

SCHOOL _____

CITY _____

ZIP CODE _____

Person to contact in case of emergency

Emergency Phone Number

Student Name (print) _____

Student Signature _____

Parent Name (print) _____

Parent Signature _____