

Release of Liability Form – Region V Regional Powerlifting Meet

I hereby, for myself, heirs, executors, and administration waive and release any and all 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 and all injuries which may be suffered by me in the competition of the THSPA Region V D2 – D3 – D4 Regional Championships on March 10, 13, 14, 2026.

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 which may arise at the JK NORTHWAY COLISEUM/DICK KLEBERG PARK.

This release form will be valid for the following student for March 10, 13, 14, 2026.

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 _____