

# 26<sup>th</sup> Annual Halloween Open Wrestling Tournament



**WHEN:** Friday, October 25th, 2019  
7:00 PM – 8:00 PM \*Optional Early Weigh-In  
(NO Weight Allowance)

Saturday, October 26th, 2019  
7:00 AM – 8:00 AM Check-In/Weigh-in  
(1 lb. Allowance)  
10:00 AM Wrestling Matches Begin

**WHERE:** Steinhauer Fieldhouse  
13<sup>th</sup> & Illinois Street  
Golden, CO 80401

**HOW:** Register Online at [Trackwrestling.com](http://www.trackwrestling.com)  
Due Thursday, October 24<sup>th</sup>, 2019 by 5:00 PM  
<http://www.trackwrestling.com/registration/BasicPreReg1.jsp?tournamentGroupId=158926132>

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**ENTRY FEE:** \$30 Online \*Pre-registration closes on Thursday, October 24<sup>th</sup> at 5:00 PM  
\$35 Day of Tournament/Walk-in Registration. Cash or check ONLY

**ELIGIBILITY:** Open to participants entering grades 9-12.

**DIVISIONS:** Amateur: Freshmen/Sophomore  
Elite: Junior/Senior

**WEIGHTS:** 106, 113, 120, 126, 132, 138, 145, 152, 160, 170, 182, 195, 220+  
Weights and/or ages may be combined depending on total entries.

**ADMISSION:** \$5 admission fee for adults. 18 and under FREE with ID.  
All spectators are permitted to bring personal seating into the facility due to limited seating available.  
\*No food or drink allowed in fieldhouse (water only).

**FORMAT:** Double elimination tournament. Awards will be given to champions.

**MATCH TIMING:** Championship Periods 2-1-1, Consolation Periods 1-1-1  
Wrestling will start at 10:00 a.m. and run straight through completion.

**TOURNAMENT DIRECTORS:** Tyson Reiner, [treiner@mines.edu](mailto:treiner@mines.edu), 303.273.3352  
Austin DeVoe, [adevoe@mines.edu](mailto:adevoe@mines.edu), 303.273.3374

\*Peak2Peak Youth Tournament will run in conjunction with event. [www.peak2peakwrestling.com](http://www.peak2peakwrestling.com)\*

# 26th Annual Halloween Open Wrestling Tournament

Colorado School of Mines: Steinhauer Fieldhouse – Saturday, October 26, 2019

Check-In/Weigh-In 7:00 AM - 8:00 AM

Competition begins at 10:00 AM

Pre-register on Trackwrestling.com and pay \$30 between 7:00 AM - 8:00 AM (walk-ins pay \$35)

Bring this completed form to check-in (day of event)

Participant Name \_\_\_\_\_ 2019-20 Grade \_\_\_\_\_ Weight Class \_\_\_\_\_

Wrestler or Parent Email \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

In consideration of Colorado School of Mines making arrangements for and permitting and assisting Participant to take part in this Tournament, the undersigned Participant and Parent or Guardian, if appropriate, agree to hold harmless, release, indemnify and forever discharge Colorado School of Mines, and its Board of Trustees, officers, directors, employees, agents, and any persons acting on their behalf, as well as their heirs, executors and assigns, from and against any and all liability, claims, demands, costs and expenses (including attorneys' fees) arising out of or in any way connected with any bodily injury or property damage in any way relating to or arising out of Participant's participation in the Tournament, even if the liability, claims, demands, costs and expenses may arise, in whole or in part, out of the negligence or carelessness of the persons or entities mentioned above.

The Participant and Parent or Guardian are aware that the Tournament may include certain risks and dangers. The Participant and Parent or Guardian understand that specific risks vary depending on the level and nature of the Tournament, and can range from minor personal injuries such as scratches, bruises, and sprains to major injuries such as eye injuries and back or joint injuries, to catastrophic injuries resulting in paralysis or death. By signing this waiver, the Parent or Guardian is consenting to Participant's participation in the Tournament and acknowledges that he/she understands that any and all risk, whether known or unknown, is expressly assumed by Parent or Guardian and all claims, whether known or unknown, are expressly waived in advance.

To the best of their knowledge, Participant and Parent or Guardian are not aware of any mental or physical disability or health-related reasons or problems that would hinder or otherwise prevent Participant from safely participating in the Tournament. Participant and Parent or Guardian understand that they are solely responsible for any costs arising out of any bodily injury or property damage sustained through or arising from Participant's involvement in the Tournament. Further, the Parent or Guardian is responsible for all of Participant's medical expenses. By signing this waiver, the Parent or Guardian gives permission in cases of Participant's injury or illness to render emergency first aid and to make any necessary referral for treatment.

Participant's Parent or Guardian expressly agrees that this Liability Waiver Form is intended to be as broad and inclusive as permitted by the laws of the State of Colorado, and that if any portion herein is held to be invalid or unenforceable, the balance shall continue in full legal force and effect. Participant's Parent or Guardian has carefully read this Liability Waiver Form, understand the contents herein, and is executing it voluntarily of his/her own free will. Participant's Parent or Guardian has had sufficient time to review and seek explanation of the provisions above, has carefully read them, understands them fully and agrees to be bound by them.

Nothing in this waiver shall be construed to waive, limit, or otherwise modify any governmental immunity available to any of the persons or entities released herein under the Colorado Governmental Immunity Act, §24-10-101, et seq., C.R.S.

\_\_\_\_\_  
Name of Wrestler (print)

\_\_\_\_\_  
Wrestler's Health Insurance

\_\_\_\_\_  
Name of Parent or Guardian (print)

\_\_\_\_\_  
Insurance I.D. #

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

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Office Use Only: Cash \_\_\_\_\_ Check \_\_\_\_\_ Division \_\_\_\_\_ Actual Wt. \_\_\_\_\_