



*Victorian Wrestling Association Inc.*

[www.vic.wrestling.com.au](http://www.vic.wrestling.com.au)

**Application for Membership  
Members Details**

**Applicant:**.....  
Surname Given Names

**Address:**.....

.....**Post Code:**.....

**Sex: Male / Female** email address:.....

**Date of Birth:**.....(If applicant is under 18 years of age Parent or Guardian to complete below)

**Parent or Guardian:** .....**Relationship:**.....  
Surname Given Name

**Address:**.....

.....**Post Code:**.....

**Disclaimer**

o In consideration of your acceptance, of my entry to the Victorian Amateur Wrestling Association Inc. and/or Wrestling Australia Inc. I intend to be legally bound for the Club, Association and/ or Wrestling Body (which I hold to represent at this time) their heirs, executors and administrators. I waive and release the "Victorian Wrestling Association Inc.", their agents, committees and members from any and all claims or rights to damages for injuries or losses suffered by my club, Association(s) or Wrestling Body's participants, employees, referees, agents or representatives, directly or indirectly sustained in training for or traveling to or from, or competing in a Victorian Wrestling Association Inc. event. I also understand and accept that the Proper Law of this Disclaimer is Australian Law.

o The Victorian Wrestling Association Inc. needs to promote itself to the community at large, just like any other organization. I hereby authorize the Victorian Wrestling Association, and any person authorized by them, to reproduce, publish, broadcast or do any of the acts comprised in the copyright subsisting in: Photographic picture, Videotapes (with or without sound), Production stills and Voice recording.

o In the event of sustaining an injury or illness at a Victorian Wrestling Association Inc. event, I hereby give my permission to the Association Officials to organize such medical and Para-medical assistance for me (the applicant) as is deemed necessary.

**Signature of Applicant:**\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Parent or Guardian:**\_\_\_\_\_ (If Applicant is under 18 years of age.)

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Club Secretary/President:**..... **Club Name:**.....  
Signature

Date application Received:.....  
Membership Number:.....