

Top Gun Tournament 2014
Alliance High School Athletic Department
400 Glamorgan Street
Alliance, Ohio 44601

Regarding: Insurance Coverage

**TO ATHLETIC DIRECTORS OF SCHOOLS THAT ARE PARTICIPATING IN THE
ALLIANCE TOP GUN WRESTLING TOURNAMENT:**

All athletes participating in the Top Gun Wrestling Tournament at Alliance High School on **January 17 and January 18, 2014** must be covered by either personal or school insurance before participating in the tournament. This means that the athlete's personal/school insurance will be liable for any injuries incurred during the time allotted for the tournament.

I can assure each athletic department the utmost care will be taken at all times and that we will work toward the goal that there would be no accidents.

Any questions regarding this policy or the Top Gun Tournament in general can be directed to myself, Mike Schott, at the Alliance High School Athletic Department @ (330) 821-3972

I hereby acknowledge that I have read the above and understand the insurance policy required by Alliance High School during the Top Gun Tournament on January 17 and January 18, 2014.

(Name of School)

(Signature of Athletic Director)

*****Please list the names of your CERTIFIED wrestling coaches
below:******

1. _____ (HEAD)
2. _____ (Assistant)
3. _____ (Assistant)
4. _____ (Assistant)

THIS WAIVER MUST BE RETURNED TO ALLIANCE ATHLETICS

FAX TO: 330-829-2279

Or SCAN AND EMAIL TO:

donohoesu@alliancecityschools.org

**DUE NO LATER THAN DEC. 6TH or your schools participation in the
Alliance top Gun Tournament may be denied.**