

# Procedure for returning OFFICIALS to obtain Official's membership (2016-17)

---

1. **IKWF and IL/USAW Official's membership fee is \$30 (or \$34.75 if purchased online) plus \$15 screening fee every other season.**
  2. If you don't have or don't remember your USAW ID and password, contact the IKWF & IL/USAW office (708-206-0701 or [ikwf@ikwf.org](mailto:ikwf@ikwf.org)) and we will get it for you.
  3. Go to [www.usawmembership.com](http://www.usawmembership.com) and login using your USAW ID and password.
  4. On the left menu under MY LINKS, find "Profile" and click it.
    - a. Please review your BASIC MEMBER DATA and make any necessary changes.
    - b. Be sure to include an email address in the appropriate field (directly below your city).
    - c. If any additions or changes are made, be sure to click the "Save Profile" button towards the bottom of your BASIC MEMBER DATA to update the changes to USA Wrestling's database.
  5. Under PROFILE OF <YOUR NAME>, click the "**BG CHECK HISTORY**" link.
  6. On the BG CHECK HISTORY page, click the "Click here if you would like to start a background check now" link.
  7. Click the "Click [here](#) to begin the process." link, you will be redirected to [www.tclogiq.com](http://www.tclogiq.com).
  8. Click the "Click Here To Begin Background Screening Process" link (at the bottom of the page).
  9. Under Returning Applicants, click the "Click here" link.
  10. You must have your [www.tclogiq.com](http://www.tclogiq.com) username and password to access your account. If you don't remember the information there are three options to obtain it:

**Note:** *The IKWF office does not have access to your TCllogiQ username and password.*

    - a. Click the "Search for Account" button.
    - b. Click the "Forgot Your Password?" link.
    - c. Call TclogiQ customer service at (877) 825-6447 ext. 703 (Mon. – Fri. 9 am to 5 pm).
  11. Once logged in, click the "Renew your Background Screening" button.
  12. Review your information, make any updates required, and then submit for a screening.
  13. Pay the \$15 screening fee.
  14. On the last screen, click "Close this Window".
  15. Once you receive your approval email from TCllogiQ:
    - a. Log into your account at [www.usawmembership.com](http://www.usawmembership.com) and purchase your official's membership for \$34.75.
- or**
- b. Sign a copy of USA Wrestling's Waiver and Release from Liability (second page of this document).
  - c. Mail signed waiver and \$30 check to:  
IKWF  
4932 Wilshire Blvd  
Country Club Hills IL 60478
- NOTE:** If mailing a check to the IKWF office, you must include the signed waiver and send along with your check to activate your official's membership.
16. If you have trouble navigating [www.usawmembership.com](http://www.usawmembership.com) or [www.tclogiq.com](http://www.tclogiq.com) please contact the IKWF office at (708) 206-0701 or [ikwf@ikwf.org](mailto:ikwf@ikwf.org).

**In compliance with Part VI, Section B, Line 13 of Federal Form 990, Return of Organization Exempt from Income Tax, the IKWF requests that any suspicious activity that a member, members' parent or guardian witness, be reported to Jeff Tolbert at [jtoltbert@ikwf.org](mailto:jtoltbert@ikwf.org).**

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT  
WITH PARENTAL CONSENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the foregoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim. I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

OFFICIAL'S SIGNATURE (sign **ONLY** if 18 years old or older): \_\_\_\_\_

PRINTED NAME OF OFFICIAL: \_\_\_\_\_

OFFICIAL'S DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OFFICIALS EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COMPLETE BELOW SECTION ONLY FOR OFFICIALS UNDER THE AGE OF 18 (MUST BE COMPLETED BY PARENT OR GUARDIAN).**

**MINOR RELEASE**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (**only if Official is under the age of 18**): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_