

# **ABAS WRESTLING**

**FRIDAY SEPTEMBER 16<sup>th</sup> &  
SATURDAY SEPTEMBER 17<sup>th</sup> 2022**

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**Deer Valley High School**

4700 Lone Tree Way  
Antioch, CA 94531



## **FEATURING:**

**California's First 4X NCAA Div. I All-American**

## **GERRY ABAS**

- **4X NCAA ALL-AMERICAN**
- **3X NCAA FINALIST**
- **2X USAW NATIONAL CHAMPION**
- **California Wrestling**

### **\*TAKEDOWN MACHINE!!**

ELBOW CONTROL - PASSING - MIS-DIRECTION - UNDERHOOKS - DUCKS  
HI-C - SWEEPS - LOW SINGLE - RE-SHOT  
ABAS ROLL - SCRAMBLING TECHNIQUES  
CUTTING EDGE TECHNIQUES *\*Sample skill set*

*"I teach high level Set-ups, Penetration and Finishes in a way that captivates the wrestler to better promote learning.*

*Also, I discuss the **Warrior's Mindset** in my **Tools for Success.**"*

*- Gerry Abas*

*\*\* Ideal for 10 years old or older, or 2 years exp min. \*\**

**\$250 PER TEAM**

**\$30 PER WRESTLER**

**Checks payable to**

**Deer Valley High School**

### **SCHEDULE**

FRIDAY CHECK-IN...5:30pm

SESSION I.....6pm - 8:30pm

SATURDAY CHECK-IN...8:30am

SESSION II\*...9am-1:00pm

*\*TOOLS FOR SUCCESS TALK*

**\*\*Video recording encouraged\*\***

*"His eye for detail helps him breakdown even the most complex techniques...Gerry optimizes the west coast wrestling style"*

*- Kendall Cross Olympic gold medals - Atlanta '96*

*"Gerry is one of the best teachers of wrestling in the country."*

*- J Robinson Head Wrestling Coach -Univ. of Minn.*

*"The Abas style redefined the sport of college wrestling"*

*- T.R. Foley -Intermat (July 2012)*

### **FOR INFO CONTACT:**

**Coach Rich Madrigal**

**925-628-3222**

**shortmadman@yahoo.com**

**DEER VALLEY WOLVERINE WRESTLING**  
**ABAS WRESTLING CLINIC WAIVER**

NAME OF WRESTLER: \_\_\_\_\_ AGE: \_\_\_\_\_

TEAM/SCHOOL: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PARENT GUARDIAN NAME: \_\_\_\_\_ PHONE/CELL: \_\_\_\_\_

ADDITIONAL CONTACT: \_\_\_\_\_ PHONE/CELL: \_\_\_\_\_

To the best of my knowledge, I am in good physical condition and fully able to participate in this clinic. I am fully aware of the risks and hazards connected with the participation in this activity, including physical injury or even death, and hereby elect to voluntarily participate in said activities, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me as a result in my participation in the activities of this clinic.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Deer Valley Wolverine Wrestling/Abas Wrestling, the High School/School District where the clinic is taking place, camp staff or other coaches/members (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that maybe be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where this clinic is taking place. It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased and shall be deemed as a RELEASE, WAIVE, DISCHARGE AND CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this waiver of liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of CALIFORNIA.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING waiver of liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY, as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WRESTLER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*This Clinic will always try to make competitive matches for the wrestlers, if your wrestler chooses not to wrestle a match we will try our best to find him another opponent. It is the wrestlers responsibility to contact a coach to let him know of his intentions.  
Your wrestler has the right not to step on the mat for a given match.*