

Highlands Wrestling Club Wrestler Information

Wrestlers Info:

Name _____

Address _____

Home Phone _____

Age _____ Birthday _____

Number of Years Wrestled _____

School _____

Weight _____ USA Wrestling Card Number _____

Parent/Guardian Info:

Name _____

Address _____

Phone _____

Email _____

Emergency Contact (Other than Parent/Guardian):

Name _____ Relationship _____

Phone _____

Insurance:

Name of Company _____

Name of Policy Holder _____

Policy Number _____

Group Number _____

Any medical conditions, medications, and/or allergies of which our Staff should be aware?

Consent:

I/We, _____ and _____, being the parent(s)/guardian(s) of _____, authorize the coaching staff of Highlands Wrestling Club to seek, obtain, and consent for medical attention as deemed necessary by a licensed medical or healthcare professional in our/my absence.

Signature:

Date:

Highlands Wrestling Club

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. To the best of my knowledge, I am not aware of any physical disability or health related reasons or problems which would preclude or restrict my participation in this activity. I am fully aware of the risks and hazards connected with wrestling and strength training, and I hereby elect to voluntarily participate in said activity, knowing that the activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity.

2. In consideration for my participation in the sport of wrestling. I hereby release, waive, discharge and covenant not to sue Highlands Wrestling Club and Abingdon High School (event location), its administrators, directors, members, volunteers, employees, other participants, sponsors, owners, and USA Wrestling 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 may be sustained by me, or to any property belonging to me, while participating in such athletic activity. I agree to indemnify and hold harmless Highlands Wrestling Club and all affiliates mentioned above from any loss, liability, damage or costs, including court costs and attorneys' fees that may be incurred, due to my participation in said activity.

3. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind my family, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue Highlands Wrestling Club or Abingdon High School, its administrators, directors, members, volunteers, employees, other participants, sponsors, owners, lessee, or USA Wrestling. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of Virginia.

In signing this release, I acknowledge and represent that I am at least eighteen (18) years of age and fully competent; 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 intent it to be a complete and unconditional release of all Liability to the greatest extent allowed by the Laws of Virginia. I also understand that Highlands Wrestling Club may use my picture, and/or any video for advertising purposes.

Participant Name (Print): _____

Participants Signature: _____

Parent/Guardian's Signature (only if participant is under the age of 18)

DATE: _____