



Participants Name: _____

Address: _____

Phone Number: _____ Cell: _____

Emergency Phone number: _____

Email: _____

Birth date: _____ Age Group: _____

School: _____

Goals: _____

Weight (estimate): _____ USA card Number: _____

I have provided a VALID USA card number and above information. I understand the practice times and have arranged for my child to be picked up on time after practice. I also understand that if I can not comply with the agreed upon pick up times or do not have a current USA card my child may not be asked back.

Parent or Guardian Signature (if under 18):

Print Name: _____

Signature: _____ Date: _____

Compound Wrestling

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for my participation in the sport of wrestling. I hereby release, waive, discharge and covenant not to sue Compound Wrestling LLC, its trustees, officers, agents, and employees 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.
2. 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 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.
3. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity. I agree to indemnify and hold harmless Compound Wrestling LLC, its trustees, officers, agents, and employees, from any loss, liability, damage or costs, including court costs and attorneys' fees that may be incurred, due to my participation in said activity.
4. It is my express intent that this Release 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 Compound Wrestling LLC, its trustees, officers, agents, and employees. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of Georgia.

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. Parent/Guardian's signature required for individuals under eighteen (18) years of age.

Participant Name

Guardian Name (Print)

Signature

Date