



**Savage Wrestling LLC**

Email: [savagewrestlingclub@gmail.com](mailto:savagewrestlingclub@gmail.com)

Phone: 570-709-9105

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Participant Phone: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_

USA Wrestling Card #: \_\_\_\_\_

School Name: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

I certify that my child is in good health and has my permission to participate. My child has no previous sickness, illness, disease, or bodily injury which is contradictory to participation. I understand that participation may involve physical contact and there are certain risks of injury, illness or skin infection that may result from engaging in any practice, exercise or sport related event including tripping, slipping, falling, colliding with another individual or object on or off Savage Wrestling premises. I am willing to assume these risks on behalf of my child. I understand that I am fully responsible for any and all costs regarding medical attention and treatment to my child. I hereby give my consent for medical treatment deemed necessary by medical personnel designated by Savage Wrestling LLC authorities and/or for transportation to a hospital's emergency room for illness or injuring resulting from his/her athletic participation. In addition to giving my consent for my child to participate, I do hereby waive any claims or rights that I might otherwise have to sue Savage Wrestling LLC, its officers, coaches, facilities and representatives for any injury that may be suffered by my child in the normal course of participation and activities incidental to it.

**BY SIGNING YOU HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS**

Parent or Gardian Signature \_\_\_\_\_

Print Name: \_\_\_\_\_