

# WAIVER FORM

WRESTLERS NAME:

PHONE NUMBER

DATE OF BIRTH:

WEIGHT:

USA CARD NUMBER:

EMERGENCY CONTACT NAME:

EMERGENCY CONTACT EMAIL:

EMERGENCY CONTACT PHONE:

USA Wrestling Card must be purchased to practice and to compete in wrestling tournaments. <https://www.usawmembership.com> Your wrestler must have had a physical within the past 8 months of practice beginning. By clicking accept below you are stating that your child is physically fit to participate in Tenety N Trevor Wrestling Club activities.

## **WAIVER OF LIABILITY/ASSUMPTION OF RISK**

I recognize that injuries can occur in wrestling. Being fully aware of these dangers, I hereby give my consent for my child to participate in any and all Tenety N Trevor Wrestling Club programs and activities and I ACCEPT ALL RISKS associated with this participation.

In consideration for my or my child's participation I hereby, for myself and my child and our respective heirs and successors, COVENANT NOT TO SUE and FOREVER RELEASE Tenety N Trevor Wrestling Club officers, directors, members, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result or participation including those resulting from acts of negligence. Additionally, I hereby agree to individually provide for all medical expenses which may be incurred by me or my child as a result of any injury sustained while participating at or for Tenety N Trevor Wrestling Club.

## PHOTO/VIDEO WAIVER

I give Tenety N Trevor Wrestling Club permission to use my or my child's images on print and or video for the purpose of publicizing our programs. Those who view our website benefit from knowing about our program and what we offer to our students.

I, the undersigned, have read and understood the above policies, procedures, liabilities and photo waivers and I am the legal guardian/ and or parent of this child. Please type your name below as your digital signature.

## **MONTHLY RECURRING MEMBERSHIP AUTOPAY/ELECTRONIC PAYMENT AGREEMENT**

ALL Monthly membership fees that are paid by card and not cash are billed on each month. All members must provide electronic funds transfer information. In the event we are unable to collect payment electronically, the member will be notified and payment must be made to maintain membership privileges.

Autopay can be cancelled at any time but must be 1 month (30 days) in advance to the next bill date. In order to cancel your monthly autopay you must fill out the Autopay Cancellation online. MONTHLY members can NOT cancel or be refunded any previous paid for monthly memberships or services after the bill date has already been processed for ANY REASON. Monthly membership dues and all other services and fees are non-refundable. I understand that all monthly memberships are 12-months and will automatically renew on a month-to-month basis until cancelled by the member. I understand that all fees and membership dues are subject to applicable state sales tax. I understand that my account will be charged and billed with the monthly auto-pay billing for any programs, fees or services due. Membership dues must be kept current at all times or membership will be suspended. In signing this agreement, I acknowledge and represent that I have read the foregoing Monthly Membership Autopay/Electronic Payment 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 required for individuals under eighteen (18) years of age.

- ☐ I have read and agree to monthly recurring membership autopay/electronic payment agreement
- ☐ I have read and agree to waiver of liability/assumption of risk

NAME:

SIGNATURE: