

WRESTLING WAIVER FORM

Organization Name: Jamesburg Wrestling Club



Event Details:

I, [Participant's Name], hereby acknowledge that I have voluntarily chosen to participate in wrestling activities organized by the Jamesburg Wrestling Club. In consideration of being allowed to participate in these activities, I agree to the following terms and conditions:

1. Assumption of Risk:

I understand and acknowledge that participation in wrestling activities involves inherent risks and hazards. These risks include, but are not limited to, physical contact, potential injury from falls, collisions, or other participants, and the possible transmission of communicable diseases. I voluntarily assume all such risks and any resulting damages or injuries that may occur as a result of my participation.

2. Release of Liability:

I hereby release Jamesburg Wrestling Club, its directors, officers, employees, volunteers, coaches, referees, and any other representatives (collectively referred to as "Released Parties") from any and all liabilities, claims, demands, actions, or causes of action, either in law or in equity, arising out of or in any way related to my participation in wrestling activities. This release of liability includes, but is not limited to, personal injury, property damage, or any other loss, whether caused by the negligence of the Released Parties or otherwise.

3. Waiver of Claims:

I waive any and all claims, suits, or causes of action against Jamesburg Wrestling Club and its Released Parties, including any claims for bodily injury, emotional distress, or property damage, that may arise from my participation in wrestling activities. I understand and agree that this waiver of claims extends to any present or future injuries, damages, or losses, known or unknown, arising out of my participation.

I acknowledge that I have carefully read and fully understand the terms and conditions of this waiver form. I am aware that by signing this waiver, I am giving up certain legal rights, including the right to sue Jamesburg Wrestling Club and its Released Parties. I voluntarily sign this waiver form and agree to be bound by its terms.

Participant's Name: _____

Parent/Guardian Signature: _____

Date: _____