GYM MEMBER WAIVER OF LIABILITY & RELEASE

Because physical exercise can be strenuous and subject to risk of serious injury, Goal Catchers Wrestling urges you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You (each client, guest, and all participating family members) agree that if you engage in any physical exercise or activity or use any gym amenity on the premises or off premises, including any sponsored gym event, you do so entirely at your own risk. Any recommendation for changes in diet, including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility, and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. We are also not responsible for any loss of your personal property. This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: 1) your use of all amenities and equipment in the facility and your participation in any activity, class, program, personal training or instruction;, 2) the sudden and unforeseen malfunctioning of any equipment; 3) our instruction, training, supervision, or dietary recommendations; 4) your slipping and/or falling while in the building, or on the premises, including adjacent sidewalks and parking areas; 5) contact with other participants; 6) the effects of the weather, including high heat and/or humidity; and all other such risks being known and appreciated by me. I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in. After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and Goal Catchers Wrestling furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to HOLD HARMLESS, WAIVE AND RELEASE Goal Catchers Wrestling, its owner, its officers, agents, employees, organizers, representatives, and successors from any and all claims or causes of action and you agree to voluntarily give up or waive any right that you may otherwise have to bring a legal action against the facility for personal injury or property damage. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of the facility, its agents, and employees. If any portion of this release from liability shall be deemed by a court of competent jurisdiction to be invalid, then the remainder of this release from liability shall remain in full force and effect, and the offending provision of provisions severed her from. By signing this release, I acknowledge that I understand its content and that this release cannot be modified orally.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____

(Parent's signature if under 18 years of age) I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Signature: _____ Date: _____

In case of emergency, contact: _____ Phone: _____

CREDIT CARD AUTHORIZATION

Please complete all fields. You may cancel this authorization at any time by coming into the facility. This authorization will remain in effect until canceled.

Credit Card Information Card Type: __ MasterCard __ VISA __ Discover __ AMEX ___ Other _____

Cardholder Name (as shown on card): _____

Card Number: _____ CVV: _____

Expiration Date (mm/yy): _____ Email: _____

Cardholder full address (from credit card billing address):

_____

Address _____

_____ _____ _____

City State Zip Code

Email Address: _____

I, _____ authorize Goal Catchers Wrestling, LLC to charge my credit card above for agreed–upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Name (Please Print): _____

Customer Signature: _____ Date: _____

GOAL CATCHERS WRESTLING

CREATING CHAMPIONS

AAU YOUTH ATHLETE MEMBERSHIP AUTHORIZATION

Type of membership? Wrestling

Are they a member of a club? Yes, Goal Catchers Wrestling, LLC.

First Name (legal name): _____

Middle Name: _____

Last Name (legal name): _____

Birth Gender: Male_____ Female_____ Date of Birth: _____

month/day/year

Current Grade: _____

_____

Address

_____ _____ _____

City State Zip Code

Parent's Email Address: _____

Parent's Phone: _____

I, _____ authorize Goal Catchers Wrestling, LLC to complete the Youth Membership Application with AAU for my child named above. The AAU Membership year runs from September 1 to August 31.

Customer Name (Please Print): _____

Customer Signature: _____ Date: _____