



AMERICAN WARRIOR WRESTLING

AmericanWarriorWrestling.com

RELEASE OF LIABILITY

Name: _____

Last Name

First Name

Date of Birth _____

Month/Day/Year

1. **WAIVER OF LIABILITY.** In consideration of being granted permission to participate in the wrestling and physical training activities and programs of AMERICAN WARRIOR WRESTLING CLUB and use the associated facilities, other participating clubs, schools, school districts, school boards or organizations, equipment and services, in association to the payment of any fees or charges, I do hereby waive, release and discharge AMERICAN WARRIOR WRESTLING CLUB and its officers, agents, employees, representatives, sponsors, landlords, shareholders, stakeholders, executors and all others acting on their behalf from any and all claims and liabilities for injuries or damages to my person and/or property, including, those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs, or services of AMERICAN WARRIOR WRESTLING CLUB or any club hosting AMERICAN WARRIOR WRESTLING athletes at various sites, including home, provided by and/or recommended by AMERICAN WARRIOR WRESTLING CLUB.

If participant under 18 must be initialed by both minor and parent and guardian INITIALS: _____ / _____
Minor Adult

2. **ASSUME RISK OF SERIOUS INJURY OR DEATH.** I have been informed of, understand and am aware that wrestling, strength, flexibility and aerobic exercise including use of equipment, is a potential hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury and death.

If participant under 18 must be initialed by both minor and parent and guardian INITIALS: _____ / _____
Minor Adult

3. **PERSONAL HEALTH CERTIFICATION.** I do hereby further declare myself to be physically sound and suffering from no conditions, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and the use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment.



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RELEASE OF LIABILITY (pg2)

(continued from page 1) I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician's and do hereby assume all responsibility for my participation in aid activities programs and use of equipment.

If participant under 18 must be initialed by both minor and parent and guardian INITIALS: _____ / _____
Minor Adult

4. NO CERTIFICATION OF PHYSICAN CONDITION. I understand that AMERICAN WARRIOR WRESTLING provided and maintaining a wrestling and exercise programs for me does not constitute an acknowledgement, representation or indications of my physiological well-being or medical opinion relating there to.

If participant under 18 must be initialed by both minor and parent and guardian INITIALS: _____ / _____
Minor Adult

Signature of participant Age Date

Printed Last Name of Participant Printed First Name of Participant

Signature of parent or guardian (if participant under 18 years of age)

Printed Last Name of Parent/Guardian Printed First Name of Parent/Guardian

PHONE # _____

EMAIL: _____