

FULLER WRESTLING CENTER, LLC

WAIVER

WRESTLER's NAME _____ **DOB.** _____ **AGE:** _____ **Grade:** _____ **School:** _____
_____ **Weight:** _____ **Wrestling Experience:** Beginner _____ Intermediate _____
Advanced _____ **Address:** _____ **City:** _____
State: _____ **Zip:** _____ **Parent Name:** _____ **Phone**
Number: _____ **EMAIL** _____

Please Read and Sign Below

I/We, parents/guardians of the above participant, do hereby consent to the wrestler named above to his/her participation in Fuller Wrestling Center, LLC (FWC, LLC), including all incidentals to FWC, LLC. I/We assume all responsibilities for, and risks and hazards of participation in FWC, LLC including all transportation to and from all activities of FWC, LLC. I/We hereby release FWC, LLC, its supervisors, volunteers, coaches, participants, and all other agents, of any kind and all claims, demands, rights and causes of action of whatever kind or nature, arising from and by reason of, and all known and unknown, foreseen and unforeseen, bodily and personal injuries, damage to property, and consequences thereof, resulting from participation in FWC, LLC and all activities incidental to FWC, LLC. AND I, THE MINOR'S PARENT(S) AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINORS EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS FWC, LLC FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, DAMAGES ON THE MINOR'S ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF FWC LLC OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS FWC LLC FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

I hereby give my full permission for the use of my or my child(ren)'s name, picture, image, likeness, actions, voice, video footage in which I or minor child(ren) is featured, and other personally identifiable information, in whole or in part. individually or in conjunction with other images or videos part of a submission to FWC LLC. I waive all rights of privacy or compensation, which I may have in connection with such use of my name, picture, image, likeness, actions, voice, video footage I am featured in, and other personally identifiable information. I grant FWC, LLC and its officials, employees, representatives, agents, licensees, successors: and assignees the irrevocable and unrestricted right to use my name and/or my child(ren)'s picture, image, likeness. actions, voice and other personally identifiable information associated with such video submission in all formats, media and in all manners, including composite or altered representations, for advertising, trade or any other lawful purposes.

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THE CONTAGIOUS NATURE OF COVID-19, THE FLU, COMMON COLDS AND OTHER CONTAGIOUS ILLNESSES, INCLUDING RESPIRATORY, AND SKIN OF AND VOLUNTARILY ASSUME THE RISK THAT MY CHILD(REN) AND I MAY BE EXPOSED TO OR INFECTED BY COVID-19 AND OTHER ILLNESS BY ATTENDING FWC,LLC AND THAT SUCH EXPOSURE OR INFECTION MAY RESULT IN PERSONAL INJURY, ILLNESS, PERMANENT DISABILITY, AND DEATH. I UNDERSTAND THAT THE RISK OF BECOMING EXPOSED TO OR INFECTED BY COVID-19 AT THE CENTER MAY RESULT FROM THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF MYSELF AND OTHERS, INCLUDING, BUT NOT LIMITED TO, FWC, LLC, EMPLOYEES, INDEPENDENT CONTRACTORS, AGENTS, COACHES, VOLUNTEERS, AND PROGRAM PARTICIPANTS AND THEIR FAMILIES. I VOLUNTARILY AGREE TO ASSUME ALL OF THE FOREGOING RISKS AND ACCEPT SOLE RESPONSIBILITY FOR ANY INJURY TO MY CHILD(REN) OR MYSELF, INCLUDING, BUT NOT LIMITED TO, PERSONAL INJURY, DISABILITY AND DEATH, ILLNESS, DAMAGE, LOSS, CLAIM, LIABILITY, OR EXPENSE OF ANY KIND, THAT I OR MY CHILD(REN) MAY EXPERIENCE OR INCUR IN CONNECTION WITH MY CHILDREN(REN)'S ATTENDANCE AT FWC, LLC OR PARTICIPATION IN FWC, LLC PROGRAMMING ("CLAIMS"). ON MY BEHALF, AND ON BEHALF OF MY CHILD(REN), I HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, AND HOLD HARMLESS FWC, LLC, ITS EMPLOYEES, INDEPENDENT CONTRACTORS, AGENTS, COACHES, VOLUNTEERS, OF AND FROM THE CLAIMS, INCLUDING ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COST EXPENSES OF ANY KIND ARISING OUT OF OR RELATING THERETO. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF FWC, LLC, ITS EMPLOYEES, AGENTS, AND REPRESENTATIVES, WHETHER A COVID-19 INFECTION OTHER ILLNESS OCCURS BEFORE, DURING, OR AFTER PARTICIPATION IN ANY FWC,LLC PROGRAM

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____