

HORSEPOWER WRESTLING CLUB
INFORMED CONSENT AND RELEASE OF LIABILITY

I _____ desire to voluntarily participate in HorsePower Wrestling Club practices. Wrestling will be held at Yorba Linda High School starting May 14th 2024. I acknowledge that there are Inherent risks associated with this Program that may cause personal Injury, disability, or even death. I am medically, physically and in all other respects, fit and fully able to participate In this Program. I have no special medical requirements or conditions except those that my doctor has advised me will not in any way interfere or hinder my participation In the Program. I understand that medical personnel will not be present at the Program. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I assume voluntarily all of the known and unknown risks in my participation in this Program. In consideration of being allowed to participate in the Program, I hereby agree to release, Indemnify, defend, and hold harmless HorsePower Wrestling Club and its officers, directors, associates, employees, agents, successors, and assigns ("Staff") from any and all claims, demands, actions or causes of action whatsoever, and from any and all liability, loss, damages, costs and expenses ("Losses") arising from or related to my acts or omissions or participation in the Program, Including but not limited to any property damage or personal Injury or disability of any kind or nature, or description including death, and/or attorneys' fees and expenses of litigation and settlement. This release shall be binding upon my heirs,

I further understand that participation In this Program is strictly voluntary and that neither the Club Program's general liability insurance nor workers compensation insurance will cover injuries arising out of my voluntary participation in this Program. Therefore, I am solely responsible for the cost of treatment for any injuries or other damages sustained while participating in this Program.

I acknowledge that I have read and understand the Informed Consent and Release of Liability and understand that this release is being relied upon by HorsePower Wrestling Club in permitting me to participate in this program.

Signature Date

Name (Please Print) ☐ M ☐ F _____
Gender Date of Birth Age

Mobile Number E-Mail

Address

City State Zip Code

High School/School/College

Emergency Contact Name (Please Print) Relationship

Emergency Contact's Mobile Number

If participant is under 18 years of age, parent or legal guardian must sign below.

Signature of Parent or Legal Guardian Printed Name of Parent or Legal Guardian Date