

2021-2022 SEASON RICK LARSEN WRESTLING FORM

| | Wrestler's Name | DOB | Grade | Height | Weight | T-Shirt Size | First Year Wrestler Yes/No |
|----|-----------------|-----|-------|--------|--------|-----------------|----------------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

T-Shirt Size (available sizes) Youth - XS S M L XL Adult - S M L XL

| PARENT/GUARDIAN NAME:_ | | _E-MAIL:_ | | | | |
|--|---------------|-----------|-----------------------|--|--|--|
| HOME PHONE: | _ CELL PHONE: | | Accepts Texts: Y or N | | | |
| PARENT/GUARDIAN NAME:_ | | _E-MAIL:_ | | | | |
| HOME PHONE: | _ CELL PHONE: | | Accepts Texts: Y or N | | | |
| HOME ADDRESS: | | | | | | |
| EMERGENCY CONTACT NAME AND PHONE NUMBER: | | | | | | |
| CONTACT 1: | | | | | | |

VOLUNTEER WRESTLING COACHES NEEDED: ARE YOU INTERESTED? YES / NO

FOR RLWC USE ONLY

| Club Fee: | Child 1: \$120 Child 2: \$60 Child 3: \$60 |
|---------------|--|
| TOTAL: | \$ (Non-refundable after 1st scheduled practice) |
| Paid: YES/ NO | Payment Type: C, CC, CK # |

Rick Larsen Wrestling Club Assumption of Risk, Liability & Release Waiver

Release and Waiver of Liability and Indemnity Agreement (Read carefully before signing). In consideration of being permitted to participate in any way in RICK LARSEN WRESTLING CLUB indicated below and/ or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/ or legal guardian(s) of the minor participant named below agree:

RICK LARSEN WRESTLING CLUB has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the indoor group workouts could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the practices 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 practices may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I/We fully understand and acknowledge that: (a) There are risks and dangers associated with participation in RICK LARSEN WRESTLING CLUB events and activities, which could result in bodily injury, partial and/ or total disability, paralysis, and death. (b) The social and economic losses and/ or damages, which could result from these risks and dangers described above, could be severe. (c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including but not limited to, the Releases named below. (d) Risks do include infectious skin diseases such as ringworm, impetigo, to name a few. (e) There may be other risks not known or are not reasonably foreseeable at this time.

I/We accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.

I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE RICK LARSEN WRESTLING CLUB facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct RICK LARSEN WRESTLING CLUB events or programs, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding RICK LARSEN WRESTLING CLUB facility or events held at such facility and each of them, their directors, officiers, agents, employees, all for the purposes herein referred to as "Releasee"... FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal

representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASE OR OTHERWISE.

I/We hereby acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/ or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

On behalf of the participant and individually, the undersigned partner(s) and/ or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and or legal guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVING SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE.

| Participant Name(s): | | - |
|----------------------------------|---------------|---|
| Parent/ Guardian Signature: | | |
| Parent/ Guardian Name (printed): | | |
| Date: | Relationship: | |