



APEX WRESTLING ACADEMY

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND EMERGENCY CONTACT INFORMATION FORM

Athlete 1 Name: _____ Age: _____ DOB: _____ WT. _____ Years Wrestling: _____

Grade: _____ School: _____ Invited or Referred By: _____

Athlete 2 name: _____ Age: _____ DOB: _____ Wt. _____ Experience level: _____ Grade: _____

Parent Names: Mom: _____ Mom Cell: _____

Dad: _____ Dad Cell: _____

Parent Email addresses: Mom: _____ Dad: _____

Athlete Email Address: _____ Athlete Cell Phone: _____

Mailing address: _____ City/ State _____ Zip: _____

Please check any know medical conditions that the coaches should be aware of:

Allergies: Food: _____ Bee Stings: _____ Carries EpiPen: _____ Antibiotics: _____ Other: _____

Dose Child have Asthma? Y/N _____ Carries Medication Y/N _____ Is Child on any other medication? Y/N _____

List all Medications and dosage: _____

Any medical conditions or injuries that will limit safe participation in any activity: (Be specific) _____

EMERGENCY CONTACT INFORMATION: (If parents are unavailable)

Name: NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PRIMARY PHYSICIAN NAME: _____ PHONE: _____

CURRENT HEALTH COVERAGE? Y/N _____ NAME OF PROVIDER: _____

POLICY #: _____ GROUP ID #: _____ PHONE: _____

RX#: _____ PHARMACY: _____

PRIMARY DENTIST NAME: _____ PHONE: _____

DENTAL INSURANCE PROVIDER: _____

PHONE: _____ POLICY #: _____ GROUP ID#: _____

PERSON OR PEOPLE AUTHORIZED TO PICK UP MY CHILD FROM CLASSES OR COMPETITIONS:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

RELEASE OF LIABILITY WAIVER AND ASSUMPTION OF RISK:

I, the undersigned parent or guardian of the wrestler noted on this membership application, do hereby grant permission for my child or children to train with and at Apex Wrestling Academy. I acknowledge and understand that my child is assuming risk of injury, illness, disability, and/or death by his or her participation in wrestling and fitness activities. I accept these risks. Further, I assume full responsibility for my child’s participation and give my permission for said participation. Additionally, I acknowledge that I understand that in consideration for my child being permitted to participate in said program, I do hereby, for myself, the members of my family, and my heirs, assigns, and personal representatives, if I am deceased, acknowledge and assume the risk of participation in the program and do hereby RELEASE AND FOREVER DISCHARGE Apex Wrestling Academy, and all its officers, advisors, employees, and agents (hereinafter referred to as “Releasees”) whether accompanying said program or otherwise, from any and all claims, demands, actions or causes of action on account of any injury to my child or on account of my child’s death which may occur from any cause during or relating to the said wrestling program, or any continuances thereof; and I do hereby expressly covenant and agree to refrain from bringing suit or proceedings at law or in equity or otherwise as provided by law, against any of said bodies or persons on account of any and all such claims, demands, actions or causes of action. I further AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or cost, including court costs and attorney’s fees, that they may incur due to my child’s participation in said program.

MEDICAL AUTHORIZATION

Firstly, I verify my child does have primary medical insurance coverage. Further, I verify my child has passed a sports physical within the last twelve (12) months and is authorized by a physician to participate in contact youth sports. If my child incurs or develops any injury or illness, then I hereby give my consent for medical treatment and permission to wrestling program personnel to supervise and/or perform, as deemed necessary by wrestling program personnel, on-site first aid for minor injuries or illnesses, and to a licensed physician or physician assistant to hospitalize and secure proper treatment for my child. I agree to assume all costs related to any such treatment.

INDIVIDUAL RELEASE AND WAIVER OF RIGHTS

I hereby authorize and irrevocably grant the representatives of Apex Wrestling Academy, its successors and assigns, the following rights: to record my child’s likeness, image, name, voice, performance, biographical information, or otherwise on film, video, audio, CD, DVD, other media or in written text; to edit such media at its discretion; to incorporate that material into a recorded program print publications, electronic and hard-copy publications, software, movie and sound films or tapes, broadcasts (radio and television), programs, or otherwise, and to use and license others to use such publications, recordings, software, movie and sound films and tapes and broadcast programs in any manner of media whatsoever, including unrestricted use for purposes of publicity, advertising and sale promotion, and to use my child’s name, likeness, voice, and biographic or other information in connection therewith. I understand that the representatives of Apex Wrestling Academy exclusively own all rights to these recordings irrespective of the form in which they are produced or used, and I am authorizing the use of the aforementioned items, at any time or times, throughout the world in perpetuity, without further compensation or permission. I represent that I have the right to enter into this Agreement, and that my child’s performance and the rights I have granted in this Agreement will not conflict with or violate any commitment or understanding I have with any other person or entity. I further agree to indemnify and save harmless the representatives of Apex Wrestling Academy, its licensees, agents, successors and assigns from any and all claims and liability for damages, losses, or expenses of any sort arising from the making of such recordings and their use, including, without limitation, claims with respect to my child’s right to privacy or publicity, and including reasonable attorney’s fees, rising out of the inaccuracy or breach of any provisions of this Agreement. I have read and understood the contents hereof, and have the right and authority to execute this release and indemnification. I understand that this Publicity Release is to be interpreted under the laws of the State of California without resort to its conflict of laws rules, and I hereby submit to the jurisdiction of the courts of the State of California. This agreement represents the entire understanding of the parties and may not be amended unless mutually agreed to by both parties in writing.

IN SIGNING THIS WAIVER, AGREEMENT, AUTHORIZATION, AND RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Wavier, Agreement, Authorization, and Release and understand them and sign them voluntarily as my own, free act and deed; no oral representations, statements, or inducements apart from the foregoing written agreement have been made; I am at least eighteen (18) years of age and fully competent (if not eighteen, my parent(s) or guardian(s) agree with the terms of this document and sign it as such); and I execute this document for full, adequate and complete consideration fully intending to be bound by same.

Parent’s Signature _____

Date _____