



WAIVER RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT FOR ALL HAMMERHEAD WRESTLING SYSTEMS PROGRAMS

Hammerhead Wrestling Systems LLC seeks to provide instruction and guidance in all areas of amateur folkstyle & freestyle wrestling, to prepare athletes for success in the sport. In consideration of the sport of wrestling, it is recognized that serious injuries are rare; however, there are inherent risks and hazards involved in such, including common knee and shoulder injuries, cuts and bruises, and skin issues (see attached prevention sheet). Certified coaching staff seek to focus wrestlers on proper wrestling technique, fitness and conditioning, and proper nutrition in order to minimize injury. Risk of injury at Hammerhead is greatly reduced by the use of proper mats and wall padding, personal protection (knee pads and headgear), and an emphasis on self- control, discipline and attention to practice routine/ instructor direction, particularly in the youth sessions.

Wrestler's Name: (Last) _____ (First) _____ D.O.B. _____

Please read this form carefully and be aware that, in signing up and participating in Hammerhead Wrestling Systems LLC practice sessions, programs, and events, you will be waiving and releasing all claims for injuries, arising out of these programs, that you or the other-named participants might sustain. The terms "I," "me" and "my" also refer to parents or guardians as well as participants in the programs. In registering for these programs, you are agreeing as follows:

1. I give permission for my child to wrestle at all Hammerhead practices and events. _____ (initial if permitting)
2. I agree, on behalf of myself, my child, our assigns, personal representatives and heirs, to indemnify and hold harmless, Hammerhead Wrestling System LLC, its coaches, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the negligence of Hammerhead Wrestling Systems.
3. On behalf of my child I do hereby fully release and discharge Hammerhead Wrestling Systems LLC, its coaches, agents and employees from any and all claims for injuries, damage or loss which may occur to my child on account of my child's participation in these programs.
4. I understand that due to the nature of the sport of wrestling, contagious skin infections may occur. I agree that my child is responsible for personal hygiene, including showering after each session, and laundering/disinfecting workout clothes and gear. Furthermore, I agree that my child must report any skin infection to the Hammerhead staff and to help prevent its spread as a result of body to body contact. I understand that in the event of a skin infection, my child will not be permitted to physically participate in wrestling sessions until cleared by a physician and that observing sessions constitutes a learning experience. I agree that no refund will be issued if my child is not able to participate in live wrestling because of injury or skin infection.
5. I agree to allow authorized Hammerhead staff to transport my child in their personal vehicles for medical reasons or for transportation to and from wrestling events and practice sessions.
6. I also grant Hammerhead Wrestling Systems permission to use the name/photograph/likeness of our child for publicity, advertising, and/or commercial purposes without remuneration, following all CIPA guidelines and local/federal (FTC) acceptable use guidelines.

7. In the event of an injury or illness, I give permission for my child to be treated by a licensed physician or registered nurse while attending Hammerhead Wrestling Systems programs if necessary and to assume all costs related to such treatment. I also give permission for the medical staff to administer any medications as indicated on his/her information form. I understand that there is no refund if we (parent or child) should cancel the application due to illness or injury.
8. I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity.
9. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it. I execute this release for full, adequate and complete consideration fully intending to be bound by the same. Parent/Guardian's signature required for individuals under eighteen (18) years of age.

Participant Name

Parent or Guardian Name

Signature of Participant or Parent/ Guardian

Date



PARTICIPANT INFORMATION FORM

Participants's Name: _____

Address: _____

Phone Number: _____

Cell Number (or Guardian's): _____

Emergency Phone Number: _____

Medications (if any): _____

Medical conditions (if any): _____

Email: _____

Date of Birth: _____

School: _____

Goals: _____

Weight (estimate): _____

USA Wrestling Card number (if you have one): _____