

SESSION \_\_\_\_\_ AAU # \_\_\_\_\_

Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ High School \_\_\_\_\_

Name \_\_\_\_\_ Wadsworth Membership # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Release/Disclaimer

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that my child may sustain or incur, if any, while attending, training, practicing, participating or witnessing in any program, sport or physical activity occurring in or about the Wadsworth Wrestling Club and Training Center or at any off site location or in route to or from any of said premises. I hereby assume full risk, waive all claims and release and hold Wadsworth Wrestling Club and Training Center LLC, its owners, managers or employees individually or otherwise, harmless for any and all claims for injuries or damages.

I am fully aware and understand that the Wadsworth Wrestling Club and Training Center LLC does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergence medical services.

In consideration of my child's participation in and use of the facilities, I hereby release and covenant not to sue the Wadsworth Wrestling Club and Training Center LLC, its owners, shareholders, directors, officers, employees, representatives, agents and lessees from any and all claims resulting from any physical injury that may occur to my child while participating in any program or event at Wadsworth Wrestling Club and Training Center.

**Please Note:** Wadsworth does not refund money on any sessions. In the rare case of an injury sustained at Wadsworth, you will receive a pro-rated credit towards another session. Please make sure your child/children actually wish to attend training sessions to avoid any issues. You will not receive your money back if they cannot attend for any reason.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parent or Guardian must sign if applicant in UNDER 18.

Child's name: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

AMOUNT: \_\_\_\_\_

CASH / CHECK# \_\_\_\_\_

License # \_\_\_\_\_

**(IF PAYING WITH A CHECK ONLY)**

DATE: \_\_\_\_\_

INITIAL: \_\_\_\_\_

STAMP: \_\_\_\_\_