

The RITZ Wrestling Club

Waiver of Liability and Release Form

This form must be completed for each wrestler (participant) and, if the wrestler is under 18- years old, must be signed by his or her parent or legal guardian. No wrestler will be allowed to participate in wrestling practices, competitions, or events without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for my (or my minor child's) voluntary participation in organized wrestling with the The Ritz Wrestling Club, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

1. My (or my minor child's) participant status will be kept in good standing. I (or my minor child) will not compromise myself in such a way as to do harm to The Ritz Wrestling Club, knowing that participants may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the wrestling mat.
2. I agree to pay for any and all damages to any property or indemnities caused by me (or my minor child) willfully, negligently, or otherwise.
3. Wrestling is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my (or my minor child's) participation in the sport. I am (or my minor child is) in proper physical condition to participate in wrestling practices, matches, meets and tournaments, and I have (or my minor child has) no illness, disease or existing injury or physical defect that would be aggravated by my (or my minor child's) participation. I will inform my (or my minor child's) coach if this status changes.
4. I further acknowledge that this risk may involve loss or damage to me (or my minor child) or my (or my minor child's) property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have (or my minor child has) a current medical consent form in force. I (or my minor child) will wear properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces, head gear, etc.), as required by the applicable wrestling rules, to all events.
5. The Ritz Wrestling Club does not have personal injury insurance that covers my (or my minor child's) participation. Therefore, I (or my minor child) should have a current, active, personal injury insurance policy in force, which covers my (or my minor child's) participation. Under any condition, I am responsible for any and all medical expenses arising from my (or my minor child's) participation, both in practices and games and while travelling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe (or my minor child believes) that anything may be unsafe, I (or my minor child) will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.
6. **I do/ do not (CIRCLE ONE)** authorize my (or my minor child's) photograph, picture or likeness, and/or voice to appear in any documentary, promotion (including advertising), television, video, internet, or radio coverage of The Ritz Wrestling Club practices, matches, meets, tournaments, or other events, without compensation.
7. I authorize that an unaltered copy of this form may be generated and given to the officers or directors of other leagues or tournaments in order to allow my (or my minor child's) participation in their wrestling programs, if the form is required and I have (or my minor child has) requested to participate.
8. I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, The Ritz Wrestling Club or any entity of The Ritz Companies, its associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my (or my minor child's) participation in, The Ritz Wrestling Club wrestling programs and events. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

9. I hereby assume full risk, waive all claims and release and hold The Ritz Wrestling Club and all entities of The Ritz Companies, individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

10. I have completely read this document and fully understand its contents. I acknowledge that I have (or my minor child has) given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself (or my minor child) and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

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.

For those individuals eighteen (18) years of age and older:

Participant's Name (PRINT) _____

Participant's Signature _____ **Date Signed** _____

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (wrestler/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Name (PRINT) _____

Parent or Guardian Signature _____ **Date Signed** _____

Medical Insurance Information:

Company _____ Policy/Group # _____ ID# _____ City: _____

State: _____ Zip Code: _____

Medical History: _____

Parent/Guardian: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Phone Number (Home) _____

(Cell) _____