RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT (HEREINAFTER "AGREEMENT")

In consideration of the minor child for whom I am the legal parent and/or guardian (hereinafter "Minor") being permitted to participate in any way in any event (hereinafter "Activity") at any time during the current membership year I, for the Minor, the Minor's personal representatives, assigns, heirs, and next of kin:

1. Acknowledge and represent that I understand the nature of the Activity and assert that the Minor is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue the Minor's further participation in the Activity.

2. Fully understand that: (a) this activity involves risks and dangers of serious bodily injury, including permanent disability, paralysis, and death (hereinafter "Risks"); (b) these Risks may be caused by the Minor's own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or the negligence of Southern Utah Elite Wrestling or its involved coaches, organizers, directors, agents, volunteers, other participants, sponsors, owner(s) of the premises upon which the Activity takes place, etc. ("hereinafter "Releasees); (c) there may be other risks or social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such Risks and all responsibility for losses, costs, and damages that the Minor incurs as a result of the Minor's participation in the Activity.

3. Hereby covenant not to sue the Releasees; and release and discharge the Releasees from all liability, claims, demands, losses, or damages on the account of the Minor caused, or alleged to be caused, in whole or in part by the negligence of the Releasees; and I further agree that if, despite this Agreement I, or anyone on the Minor's behalf, makes a claim against any of the Releasees, the Minor will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may be incurred as the result of such claim.

PRINTED NAME OF MINOR PARTICIPANT: _____

MINOR PARTICIPANT'S DATE OF BIRTH: _____
(MM/DD/YYYY)

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN'S SIGNATURE: _____DATE:_____

FEES **USA CARD** **USA WRESTLING PAPERWORK** **BIRTH CERT**

Wrestler: _____

Parents Name: _____

Phone: _____

Grade: _____

Shirt Size: _____

Email: _____

USA WRESTLING

PARENT'S INSTRUCTIONS ON MEDICAL TREATMENT

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name _____ Date of Birth _____

Parent/Guardian Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Please indicate another person to call it an accident occurs and we are unable to reach you:

Name _____ Phone No. _____

Insurance Company _____ Policy No. _____

Family Doctor _____ Phone No. _____

Is your child presently on medication? _____ If yes, please list medication (s):

_____

Drug Sensitivities _____

Other Allergies _____

Date of your child's last complete physical examination by a medical doctor _____
If this is more than one year ago, please complete the accompanying medical history questionnaire.

Please read the alternative statements below and sign under the one that you choose. Sign only one!
1. If my child needs medical attention, it is my wish that I am contracted before any medical procedures are taken on my child, unless immediate treatment is necessary to save my child's life or to prevent permanent injury.

Parent/Guardian Signature _____ Date Signed _____

2. If my child needs medical treatment while participating, it is my wish that the treatment is started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts to contact me will continue to be made. I accept responsibility for all costs related to such treatment.

Parent/Guardian Signature _____ Date Signed _____

Wrestler's USA Wrestling Card No. _____

Name of Club _____

Coach's Name _____ Phone Number _____

USA Wrestling

MEDICAL HISTORY QUESTIONNAIRE

PLEASE PRINT IN CAPITAL LETTERS

Wrestler's Name: _____ **USA Card No.:** _____

Emergency Contact: _____ **Phone No.:** _____

PLEASE CIRCLE THE CORRECT ANSWER, ALL INFORMATION WILL BE CONFIDENTIAL

Yes No 1. Are you allergic to any general medication (aspirin, sulfa, penicillin, etc.)? If so please indicate what medication(s _____

Yes No 2. Are you now on any prescribed medication on a permanent or semi-permanent basis? If so, please indicate the name of the medication and why it was prescribed _____

Yes No 3. Have you ever had an epileptic seizure or been informed that you might have epilepsy?

Yes No 4. Have you ever been treated for diabetes? If so, please indicate the type(s) of insulin or pills you use. _____

Yes No 5. Has a medical doctor ever told you that you were anemic or had sickle cell anemia?

Yes No 6. Do you have or have you ever had high blood pressure? If so, list any medication for it that you take regularly _____

Yes No 7. Do you have or have you ever had any of the following diseases? If so, please circle the appropriate ones.

Heart disease (rheumatic fever) Liver disease (hepatitis)
Kidney disease (infections) Lung disease(pneumonia)

Yes No 8. Have you ever been informed by a medical doctor that you have asthma? If so, what medications, if any, do you take regularly _____

Yes No 9. Do you presently have an unrepaired hernia?

Yes No 10. Have you ever been "knocked out" or experienced a concussion during the past 3 years? If so, give the dates of each _____

Yes No 11. If the answer to No 10 is "yes" did the attending physician have you stay overnight in a hospital? If yes, give the dates of each _____

Yes No 12. Have you ever had an injury to your neck involving nerves, vertebrae (bones),or discs that incapacitated you for a week or longer? If yes, give the dates of each such injury. _____

_____

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Yes No 13. Do you wear any dental appliance? If yes, circle the appropriate appliance:

Permanent bridge	Permanent crown or jacket
Braces Full plate	Removable partial plate
Permanent retainer	Removable retainer

PLEASE TURN THIS FORM OVER AND COMPLETE THE OTHER SIDE. THANK YOU.

Yes No 14. Do you wear contact lenses during competition?

Yes No 15. Have you had a fracture during the past 2 years? If yes, indicate which bone was broken and the date if happened _____

Yes No 16. Have you had a shoulder dislocation, separation or other shoulder injury in the past 2 years that incapacitated you for a week or longer? If so, give the date of the injury.

_____

Yes No 17. Have you ever had surgery to correct a shoulder condition? If so, give the dates and what was done.

_____

Yes No 18. Have you ever had an injury to your back?

Yes No 19. Do you experience Pain in your back? If yes, indicate frequency:
Seldom Occasionally Frequently With vigorous exercise With heavy lifting

Yes No 20. Have you injured your knee during the past 2 years with severe swelling as a result?

Yes No 21. Have you ever been told that you injured the ligaments and / or cartilage of either knee?

Yes No 22. Have you ever been advised to have surgery to correct a knee problem?

Yes No 23. If the answer to No. 22 is yes, has the surgery been completed? Date _____

Yes No 24. Have you experienced a severe sprain of either ankle during the past 2 years?

Yes No 25. Have you had any injury to your foot or toes in the past 2 years. If yes, explain:

_____

Yes No 26. Do you have any chronic conditions that have not been mentioned above? If so, explain:

_____

_____

The questions on both sides of this form have been answered completely and truthfully to the best of my knowledge.

Wrestler's Signature _____ Date _____

Parent/ Guardian Signature _____ Date _____

USA Wrestling
Waiver and Release from Liability

1. I, _____, the undersigned, on behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICAN WRESTILING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releases") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releaser understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releaser's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releaser acknowledges and fully understands that there may be other associated risks with such activities that are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

_____ _____ _____
(Participant's Signature) (Date) (Print Name)

The undersigned, _____ does hereby represent that he/she is, in fact, the parent or legal guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

_____ _____ _____
(Signature of parent or legal guardian) (Date) (Print Name)

_____
(Relationship to minor)