

DEER VALLEY WOLVERINE WRESTLING
ABAS WRESTLING CLINIC WAIVER

NAME OF WRESTLER: _____ AGE: _____

TEAM/SCHOOL: _____ WEIGHT: _____

PARENT GUARDIAN NAME: _____ PHONE/CELL: _____

ADDITIONAL CONTACT: _____ PHONE/CELL: _____

To the best of my knowledge, I am in good physical condition and fully able to participate in this clinic. I am fully aware of the risks and hazards connected with the participation in this activity, including physical injury or even death, and hereby elect to voluntarily participate in said activities, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me as a result in my participation in the activities of this clinic.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Deer Valley Wolverine Wrestling/Abas Wrestling, the High School/School District where the clinic is taking place, camp staff or other coaches/members (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that maybe be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where this clinic is taking place.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased and shall be deemed as a RELEASE, WAIVE, DISCHARGE AND CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this waiver of liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of CALIFORNIA.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING waiver of liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY, as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

PARENT SIGNATURE: _____ DATE: _____

WRESTLER SIGNATURE: _____ DATE: _____

*This Clinic will always try to make competitive matches for the wrestlers, if your wrestler chooses not to wrestle a match we will try our best to find him another opponent. It is the wrestlers responsibility to contact a coach to let him know of his intentions.
Your wrestler has the right not to step on the mat for a given match.*