



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT
WITH PARENTAL CONSENT ("AGREEMENT"), 2018-2019 SEASON**

PRINTED NAME OF PARTICIPANT: _____

IN CONSIDERATION of being permitted to participate in any RIVER CITY WRESTLING CLUB athletic or social event, practice, team travel, etc. ("Activity"), I, for myself, my personal representatives, assigns, heirs, and next of kin:

ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and am 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 further participation in the Activity. Prior to participating in any Activity, including travel to and from events, I shall have the right to inspect the facilities and equipment to be used and, I discover any condition which I reasonably believe to be unsafe, I will immediately cause Activity and Club Officials to be notified of such condition and will not participate in the Activity so long as I believe such conditions exist.

FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my 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 THE "RELEASEES" NAMED BELOW; (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 I incur as a result of my participation ,or that of the minor, in the Activity.

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE River City Wrestling Club Inc., the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I 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.

AUTHORIZE RIVER CITY WRESTLING CLUB INC. AND/OR THEIR DESIGNATED AGENTS, to enter into similar binding agreements on my behalf acknowledging my acceptance of such terms, most typically during event registrations. This authorization will continue in effect unless terminated in writing, from September to August of the years indicated above. I further indemnify RCWC and its agents from any unacknowledged change in any conditions that I have herein recognized.

I ACKNOWLEDGE that I am over the age of 18 years, have read this agreement and fully understand its terms, understand that I have given up substantial rights by signing it, have signed it freely and without any inducement or assurance of any nature, and I intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

OR I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, understand the nature of the activity and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and save and hold harmless each of the Releasee's from all liability, claims, demands, losses, or damages on the minor's account caused, or alleged to be caused, in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claims against any of the Releasees named above, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or any cost that may occur as a result of any such claim.

ADULT PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S PARENT SIGNATURE: _____

DATE: _____

MEDICAL CONSENT

Name of your primary Insurance Company _____ Policy# _____

Family Doctor _____ Phone _____

Presently on any medication? _____ If yes, please list medication(s) _____

Drug Sensitivities or Allergies _____

Special Medical Conditions _____

Please indicate two persons to call if an accident occurs:

Name _____ Phone _____

Name _____ Phone _____

ADULT PARTICIPANT

I hereby authorize and consent to emergency medical treatment.

Medical procedures that I do not want performed unless specific approval is received: _____

PARENT OR GUARDIAN OF MINOR PARTICIPANT MUST READ AND COMPLETE

Without this signed authorization from the parent/ guardian, medical professionals may be obligated by law to delay treatment of a member's injury or illness until the parents can be reached by telephone and their permission granted to begin treatment. Such a delay can prove unnecessarily painful and even dangerous to the athlete, particularly if the parents cannot be reached immediately. To avoid such delays, the parent/guardian should check one of the options below and endorse the selection with his/her signature.

CHECK ONE:

_____ If my child needs medical attention, it is my wish that I be contacted before any medical procedures are begun, unless immediate medical treatment is necessary to save my child's life or prevent permanent injury, in which event I authorize all necessary treatment.

_____ If my child, named above, needs medical treatment during a club event, it is my wish that the necessary treatment be initiated while efforts are being made to contact me. So that treatment of my child will not be delayed, I consent to any medical procedures that the physician believes my child needs, on the understanding that efforts will continue to be made to reach me. I accept responsibility for all costs related to such treatment.

PARTICIPANT/PARENT ACKNOWLEDGES SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTANDS ITS PURPOSE, MEANING AND INTENT.

PRINTED NAME OF PARTICIPANT: _____

ADULT PARTICIPANT'S SIGNATURE: _____

PARTICIPANT'S PARENT SIGNATURE: _____

DATE: _____