

TEAM CLAY WRESTLING WAIVER 2020-2021

Wrestler's Last Name: _____ Wrestler's First Name: _____

I hereby certify that I am the parent or legal guardian of _____, a minor child (the "Child") under the age of 18 years old and I consent to his/her participation in the Green Cove Springs Wrestling Club ("GCSWC"). I understand and acknowledge that I am fully aware and assume all the risks as set forth below of said minor child's participation in the GCSWC and the sport of wrestling. I understand and acknowledge that the sport of wrestling in general has inherent dangers that no amount of care, caution, training, supervision or expertise can eliminate. I acknowledge that such risk include, without limitation, bodily injury, disfigurement, paralysis, serious fungal and bacterial infections, and death. I personally and on behalf of the Child, 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 sanctioned event, meet, practice or activity including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE GCWC, ITS COACHES, AFFILIATES, ASSIGNS, OFFICERS, AGENTS, DIRECTORS, SPONSORS, OPERATORS, MEMBERS, AND THE CLAY COUNTY SCHOOL DISTRICT ("Releasees").

On behalf of myself, the Child, ours heirs and next of kin, personal representatives, agents, insurers, successors and assigns ("Releasers"), I do hereby FOREVER RELEASE DISCHARGE THE RELEASEES from any and all liabilities, claims, demands, causes of action or losses of any nature, past, present or future, direct or consequential that I or the Child 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 the Child's participation in, attendance at or traveling to and from any sanctioned event or activity included, but not limited to, LOOSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden intent or obvious defers of the facilities or equipment used.

Releasers acknowledge and fully understand that severe social and economic losses may result not only from the Child's own actions, inactions, or negligence but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the promiser or of any equipment used. Further, Releasers acknowledge and understand that there may be other associated risks with such activities which are not known or not responsible foreseeable at this time.

PHOTO RELEASE: I further grant permission to GCSWC to use photos and/or videos of the Child in publications, news releases, online, and other communications related to GCSWC.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE AND MEANING. I FURTHER UNDERSTAND AND AGREE THAT NO ORAL OR WRITTEN REPRESENTATIONS CAN OR WILL ALTER THE CONTENTS OF THIS DOCUMENT AND THAT DOCUMENT SHALL BE GOVERNED BY THE LAWS OF THE STATE OF FLORIDA.

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| *Member Acknowledgment _____ | Date _____ |
| *Parent or Legal Guardian _____ | Date _____ |
| *Relationship _____ | Date _____ |