

PARENT FORMS

USA Wrestling Release and Waiver of Liability

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

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I 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.

2. 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.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE 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.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, 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.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____

MINOR RELEASE: (must be completed by Parent/Guardian for any participant under the age of 18)

AND 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 RELEASEES 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 CLAIM 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.

PRINTED NAME OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN SIGNATURE (if participant is under the age of 18): _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____ DATE: _____





2017-2018 BTS PARENTAL AUTHORIZATION AND LIABILITY WAIVER

Please Print Legibly

Wrestler's Full Name:	Birth Date:	Gender:		
School:	Grade:	OSIS #:		
E-Mail:	Cell Phone #:			
Do you have a current USA Wrestling membership? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what is the card number?				
Address:	Apt #:	City:	State:	Zip:
Parent Name:	Parent Phone #:			
Parent E-mail:				

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone #: _____

Please list Allergies the wrestler has: _____

Is the wrestler currently on any medication? YES NO If yes, list: _____

Has the wrestler been diagnosed with a concussion? YES NO If yes, when and how severe? _____

Please list other medical conditions: _____

Physician Name: _____ Physician Phone #: _____

Medical/Hospital Insurance Company: _____ Phone #: [Click here to enter text.](#)

Policy Holder's Name: _____ Policy Number: _____

I hereby give my consent for the above named wrestler to participate in any Beat The Streets run training sessions, events, or competitions from September 1, 2016 to August 31, 2017. I recognize the possibility of physical injury associated with wrestling, which may include but is not limited to paralysis, permanent mental disability, and death, and hereby release, discharge, and otherwise indemnify Beat the Streets Wrestling Inc., the employees and associated personnel of the organization, and affiliated organizations against any claim by or on behalf of the wrestler named above as a result of that wrestler's participation in Beat the Streets programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent to have an athletic trainer, coach, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the wrestler with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the wrestler to a medical treatment facility should an individual listed above consider it to be warranted.

I hereby authorize the use of the above named wrestler's name and image in promotional publications for Beat The Streets.

By signing below, I acknowledge that I have read, understand, and accept the above contractual agreements and that I have read, understand, and agree to abide by the Beat The Streets Student-Athlete Code of Conduct as outlined on the back of this waiver.

Wrestler's Signature: _____ Date _____

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date _____

Relation to Wrestler: Father Mother Guardian



Beat The Streets Student-Athlete Code of Conduct

Student-Athletes are expected to be punctual for practices. Student-Athletes are expected to have his / her shoes on and be ready to begin practice at the designated time. Student-Athletes arriving late and/or not prepared to begin practice at the designated time may be withheld from practice by the coach.

Student-Athletes are expected to follow through on her / his commitments. If a student-athlete preregisters for a clinic, camp, or competition and does not show up for the event, the student-athlete will be responsible for reimbursing Beat The Streets for the cost of the registration fee.

Student-Athletes are expected to treat all individuals respectfully. Beat The Streets has a zero tolerance policy regarding derogatory behavior, racist, sexist, and foul language and gestures. Any student-athlete deemed to be using inappropriate language or behavior will be immediately asked to leave Beat The Streets and will not be invited to return until the student-athlete has met with Beat The Streets administration. Any student-athlete involved in multiple instances of inappropriate language or behavior may be permanently barred from participation.

Beat The Streets is a bully and hazing free facility. Any actions deemed to be bullying in nature or which can be construed as hazing will not be tolerated. If you have to ask yourself if the behavior is bullying, it is. Beat The Streets is a weapon and drug free facility. Possession of weapons or drugs including but not limited to guns, knives, tobacco, alcohol, and controlled substances will result in immediate removal from the premises.

Student-Athletes are expected to respect the private belongings of others. Any student-athletes caught stealing will be immediately removed from the premises and banned from participation in future Beat The Streets programming.

Student-Athletes are expected to treat the facility in a respectful manner, which includes not engaging in acts of vandalism, picking up after one's self, and using the proper receptacle's for waste disposal. Beat The Streets has lockers and will provide locks for individuals that wish to lock up valuables during practice, but all clothing, shoes, and personal effects must be removed on a daily basis. Any clothing, shoes or personal effects left behind will be held in a lost & found for one week. Items left in the lost & found for more than one week will be disposed of.