

**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 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.

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

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

PHONE: _____ DATE: _____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

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 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.

PRINTED NAME OF PARENT/GUARDIAN: _____ I HAVE READ THIS RELEASE

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ I HAVE READ THIS RELEASE

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

PHONE: _____ DATE: _____

BEAT THE STREETS DETROIT

Detroit Department of Recreation
Patton Recreation Center
2301 Woodmere
Detroit, MI 48209

WRESTLERS RELEASE FORM

Wrestler's Name (Please Print)

Date of Birth

Age

Street Address

Grade School

City State Zip Code

Home Phone Number

Health Insurance Company (Please provide copy of card)

Cell Phone Number

I/we hereby waive any of all rights or claims for damages arising from injuries received while practicing, playing, walking, or being transported to practice tournaments or other activities involving the Beat The Streets Detroit Wrestling Club

I/we also hold harmless the Team Beat The Streets Detroit Wrestling Club and Detroit Department of Recreation, its administrators, organizers, sponsors, supervisors, managers, or coaches, or any of the supervisors appointed by them for any injury incidental to the conduct of the activities or transportation to or from these activities.

I/we also hold harmless, Detroit Department of Recreation its facilities or any of the schools faculty, administration, or members for any injury incurred while participating with the Beat The Streets Detroit Wrestling Club.

IN CASE OF INJURY TO MY CHILD, I HEREBY GIVE MY PERMISSION FOR MY CHILD TO BE TREATED BY A DOCTOR, TRAINER, EMT, MEDIC OR HOSPITAL, WHICHEVER IS AVAILABLE IF A PARENT CANNOT BE REACHED.

Father's Name (Please Print)

Phone

Mother's Name (Please Print)

Phone

Guardian's Name (Please Print)

Phone

Parent's Signature

Date

Please sign below to allow the Beat The Streets Detroit Wrestling Club to post picture(s) of your child on our web site.

I hereby authorize the Beat The Streets Detroit Wrestling Club to post picture(s) on my child to the Team Wrestling website.

Parent's Signature

Date

BEAT THE STREETS DETROIT

(Triunfar sobre las Calles)
Departamento de Recreación de Detroit
Centro de Recreación Patton
2301 Woodmere
Detroit, MI 48209

Formulario de liberación de responsabilidad para los luchadores

Nombre del Luchador _____

Fecha de Nacimiento _____

Domicilio de Casa _____

Ciudad _____ Estado _____ Zona Postal _____

Número telefónico de casa _____ celular _____

Seguro Medico _____ copia de la tarjeta _____

Yo/nosotros por la presente renuncio/renunciamos a cualquier y todos los derechos o reclamaciones por daños y perjuicios derivados de las heridas recibidas mientras este participando en práctica, jugando, caminando, o mientras este transportado hacia prácticas, torneos o otras actividades en que esté involucrado el Equipo de Lucha Libre, Beat The Streets de Detroit (Triunfar sobre Las Calles).

Yo / nosotros también suelto/ soltamos de responsabilidad al equipo de Beat The Streets Club de Lucha Libre de Detroit y el Departamento de Recreación de Detroit, sus administradores, organizadores, patrocinadores, supervisores, gerentes o técnicos, o de cualquiera de los supervisores designados por ellos, de cualquier daño fortuito en la realización de las actividades o el transporte desde o hacia estas actividades.

Yo/nosotros también suelto/soltamos de responsabilidad, Departamento de Recreación de Detroit y sus instalaciones o de cualquiera de la facultad de las escuelas, la administración, o de los miembros de cualquier lesión sufrida durante su participación con el Equipo de Lucha Libre Beat The Streets (Triunfar sobre las Calles)

EN CASO DE DAÑOS A MI HIJO/A, doy permiso para que mi hijo/a sea tratado por un Medico, un Entrenador, o un técnico de Emergencia, médicos del hospital, o a la persona que adecuada que este disponible si no se encuentra o no se puede comunicar con los padres del luchador.

Nombre del Padre _____ telefono (ambos) _____

Nombre de la Madre _____ teléfono (ambos) _____

Tutor Legal _____ telefono (ambos) _____

Firma de Padres o Tutor Legal _____

Por favor firme abajo para que su hijo/hija puede tener su fotografía en el sitio de la red cómo parte del Equipo de Beat the Streets de Detroit.

Yo doy mi autorización que el Club de Beat The Streets Detroit ponga la foto de mi hijo/hija en el sitio de la red que pertenece al equipo.

Firma de Padres o Tutor Legal _____