





### Medical Release Form

Wrestlers Full Legal Name: \_\_\_\_\_  
First Middle Last

Insurance Information: \_\_\_\_\_  
Insurance Provider Name Policy Number

Parent / Guardian Name: \_\_\_\_\_  
First Middle Last

( ) - ( ) - ( ) -  
Home Phone Work Phone Cell Phone

Parent / Guardian Name: \_\_\_\_\_  
First Middle Last

( ) - ( ) - ( ) -  
Home Phone Work Phone Cell Phone

Is your child allergic to any medications? Yes No

If yes, please list: \_\_\_\_\_

Does your child have any medical conditions that might limit his/her abilities? Yes No

If yes, please describe: \_\_\_\_\_

Is your child currently on any medications? Yes No

If yes, please list: \_\_\_\_\_

If my child needs medical treatment while participating, be it at practice, at a tournament, or any other time my child is in the care of Team Braves or any of the team's representatives, it is my wish that treatment be started while efforts are being made to contact me. So that treatment is not delayed, I consent to any medical procedures that the physicians or other medical personnel believe is needed, on the understanding that efforts will continue to be made to contact me. I accept responsibility for all costs related to such treatment.

Parent / Guardian Signature

Date

Parent / Guardian Name (Printed)



## Release and Waiver of Liability and Indemnity Agreement (Read Carefully Before Signing)

In consideration of being permitted to participate in any way in **Team Braves Wrestling Club** indicated below and/or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in the below **Team Braves Wrestling Club** event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE; I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.
2. I/WE fully understands and acknowledges that:
  - a) There are risks and dangers associated with participation in **Team Braves Wrestling Club** events, and activities, which could result in bodily injury partial and/or total disability, paralysis, and death.
  - b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.
  - c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releases named below.
  - d) There may be other risks not known or are not reasonably foreseeable at his time.
3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releases named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE **Team Braves Wrestling Club** facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct **Team Braves Wrestling Club** event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding **Team Braves Wrestling Club** facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee"...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. I/WE HEREBY acknowledges that THE ACTIVITIES OF THE EVENT (S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant execute this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releases, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money, which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Company **Team Braves Wrestling Club**

Participant Signature \_\_\_\_\_

Parent or Guardian Signature (if minor) \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Received by \_\_\_\_\_

*Team Braves Staff Signature*

*Printed Name*

*Date*