

GORILLA WRESTLING CLUB PARTICIPANT RELEASE FORM

(Please Print)

Name of Participant: Last, First, Middle

Age:

Gender:

M F

Date of Birth: _____

Address: Street, City, State, Zip

Email Address: _____

Parent/Guardian Phone Numbers:

Day: _____

Evening: _____

Cell Phone Number: _____

Emergency Contact:

Relationship to Participant:

Phone Number Where Emergency Contact May Be Reached: _____

Release of Liability

The undersigned participant and his/her parent/legal guardian agree to hold Gorilla Wrestling Club, its coaches, trustees, and volunteers harmless from any claims, damages, losses and/or expenses arising out of participation in wrestling activities and to assume all liability for any and all personal injury, body injury, illness or property damage that occurs as a result of participation in such wrestling activities. Signature of this agreement also warrants that participation in wrestling is voluntary and that the participant and undersigned have read and understand the inherent risks involved in the wrestling club activities. The participant understands that these risks exist despite the wrestling club's safety precautions and procedures and the participant agrees to obey all rules and policies mandated by the wrestling club coaches and trustees.

Health Insurance Verification

The undersigned participant and his/her parent/legal guardian warrant that the participant is physically fit and able to participate in all wrestling activities and that there is and will be adequate health insurance coverage in force for the term of the participant's attendance. The undersigned further verifies that the health insurance covers any and all accidents, injuries or illnesses that may result from participation in the wrestling club activities.

In addition, the participant and his/her parent/legal guardian agree to give the Gorilla Wrestling Club and its representatives permission to provide emergency medical response and/or treatment as needed for any injury or illness that may occur while the participant is involved in wrestling activities and agree to release the Gorilla Wrestling Club and its representatives from all liability arising out of such treatment.

Medical Conditions/Allergies/Physical Limitations or Restrictions

Please list any/all allergies or physical limitations that the coaches or volunteers should be aware of (if none, please write **NONE**):

Parent/Legal Guardian Signature

Parent/Legal Guardian: (Please Print) _____

Parent/Legal Guardian Signature: _____

Date: _____