

2007-2008 HIGH ALTITUDE WRESTLING CLUB APPLICATION

PARTICIPANT'S INFORMATION:

Name: _____ Birth date: _____ Age: _____ Weight: _____ Grade: _____

Parent(s) Names: _____ Home #: _____ Cell #: _____

Address: _____ City: _____ Zip: _____

Email Address: _____ **Please add chad@highaltitudewrestling.com**

WRESTLING EXPERIENCE:

of Years Wrestling Experience: _____ Record Last Year: _____

What are your goals for this wrestling season: _____

List All Accomplishments: _____

How can I help you most: _____

TRAINING:

Do you plan to train year-round? _____ If not, how many months do you plan to train? _____

What months do you plan to take off? _____

TRAINING SITES:

Please Write Which Training Site(s) You Are Applying For: _____

Please Write Which Day(s) You Will Be Training At That Site: _____

Website Consent

Permission to post your son(s) picture, results, and wrestler profile on our website? YES or NO

Signature: _____ Date: _____

AAU or USA Wrestling Card # _____

You **MUST** have an AAU or USA card and application to practice. Cost is \$12 for AAU and \$30 for USA. You can get the cards at www.ausports.org and www.themat.com. Please print 2 copies (keep one and staple one to your application and bring it with you to practice).

Waiver and Release Form / Medical Information

In consideration of being permitted to participate in any way in the **High Altitude Wrestling** 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 **High Altitude Wrestling** 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 **High Altitude Wrestling** 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 the **High Altitude Wrestling** facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct the **High Altitude Wrestling** 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 the **High Altitude Wrestling** facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Release"...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 **High Altitude Wrestling Club**

Printed Name of Participant: _____

Participant Signature: _____

Printed Name of Parent of Guardian (if minor): _____

Parent or Guardian Signature (if minor): _____

EMERGENCY CONTACT INFORMATION

Athlete's Name: _____

Birth Date: _____ Age: _____ Grade: _____

INCASE OF EMERGENCY CONTACT:

Name: _____

Relationship to Athlete: _____

Phone #: (Day): _____ Night: _____

Cell #: _____

Name: _____

Relationship to Athlete: _____

Phone #: (Day): _____ Night: _____

Cell #: _____

INSURANCE INFORMATION

Primary Insurance Company: _____

Group Number: _____ Policy Number: _____

Instructions: _____

MEDICAL CONDITIONS:

Please list below any medical concerns regarding your child/children that the High Altitude Wrestling Club staff should be aware of: _____

**The parent or guardian is responsible for sending the wrestler to High Altitude Wrestling Club events with their required medications, inhalers, etc. If unprepared, your child/children will not be allowed to participate in any High Altitude Wrestling Club events.*