

Rim of the World Recreation and Park District

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

\*\*\*MINOR\*\*\*

Activity: Arrowhead Youth Wrestling/So CA Wrestling Academy

In consideration of the minor child being permitted by the above district to participate in the above described action, each of us hereby waives, releases, and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity. This release is intended to discharge in advance the above district (its officers, employees, and agents) from and against any and all liability arising out of or connected in any way with the participation of the minor child in said activity, even though that liability may arise out of negligence or carelessness on the part of said district (or its officers, employees, or agents).

Each of us understand that the described activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above described activity; and that participants in the described activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, described activity and each of us hereby agrees to assume all risks of injury and to release and hold harmless the above district (officers, employees, or agents) who through negligence or carelessness might otherwise be liable to me or said minor child. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on the heirs and assigns of each of the undersigned.

Each of us further agrees to indemnify and to hold the above district (its officers, employees, or agents) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that said minor may sustain while participating in said activity.

I certify that I have custody or am the legal guardian of said minor by court order. I further state the said minor is physically able to participate in the activity set forth above. I further agree to reimburse or make good any loss or damage or cost that the above district (its officers, employees, or agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor.

I agree that in the event said minor requires medical or surgical treatment while under the supervision of said district's recreation personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment.

I hereby expressly permit said minor child by private automobile to activities and events related to the above described activity.

**I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY FREE WILL.**

Name of Participant (print): \_\_\_\_\_ Age: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SO CA WRESTLING ACADEMY

**ARROWHEAD YOUTH WRESTLING**

**REGISTRATION FORM 2005 SEASON**

Player's Name \_\_\_\_\_ Home Telephone \_\_\_\_\_

Mailing Address P.O. Box \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work/cell phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work/cell phone \_\_\_\_\_

Boy ( ) Girl ( )      Birthday [\_\_/\_\_/\_\_]      Grade \_\_\_\_\_

Physician/Medical Group \_\_\_\_\_ Phone \_\_\_\_\_

Medications \_\_\_\_\_ Medical Problems \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I understand that this program is under direction of Arrowhead Youth Wrestling.

Parent's Signatures \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid Amount \$ \_\_\_\_\_ CASH or CHECK or CREDIT CARD

Receipt # \_\_\_\_\_ Recd by \_\_\_\_\_

