



Emergency Medical Release & Liability Waiver

Wrestler's Name _____ Birthdate _____

Week/Weekend Attending _____

Parent/Guardian _____

Home Phone _____ Cell Phone _____

Address _____ City _____ St _____ Zip _____

For good and valuable consideration, including the opportunity to participate in Thorn Wrestling Camps, LLC for the period indicated above, the parent(s) and/or legal guardian(s) of the minor wrestler named above agree:

1. I/WE hereby agree and acknowledge that the participation of my minor child in Thorn Wrestling Camps, LLC is entirely voluntary, and fully understand and acknowledge that there are dangers and risks of injury inherent in the sport of wrestling and its training elements which could result in bodily injury, disability, paralysis or death.

2. I/WE voluntarily accept and assume any and all risks, whether known or unknown, that may be caused by or may arise from my minor child's participation in Thorn Wrestling Camps, LLC, including: (1) personal injury, including bodily injury, disability, paralysis or death, (2) economic losses, including medical bills and lost wages, and (3) any other risks that may be caused by or may arise from my minor child's participation in Thorn Wrestling Camps, LLC and responsibility for losses or damages resulting from the same.

3. I/WE HEREBY RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE AND COVENANT NOT TO SUE Thorn Wrestling Camps, LLC and its staff, owners, managers, employees and agents (referred to as Releasees) from any and all claims, causes of actions, demands, losses, damages or liability arising from my minor child's participation in Thorn Wrestling Camps, LLC including any claim, cause of action, or liability arising out of negligence. I/WE agree that this Release and Waiver applies to any injury or damage to the property of my minor child while participating in Thorn Wrestling Camps, LLC or while in, on or upon the premises where the camp is being conducted. I/WE further covenant not to sue the Releasees for any alleged claims, causes of action, or liability released hereunder. Nothing in this Release and Waiver should be construed as releasing, discharging, or waiving any claims I/WE may have for gross negligence or reckless, willful, wanton or intentional acts on the part of the Releasees.

4. I/WE certify that our minor child is physically able to participate at camp and there are no impairments which would limit participation in the camp program. I/WE consent to have a trainer, coach, physician, dentist or associated personnel provide medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment.

On behalf of their minor child and individually, the undersigned parent(s) and/or legal guardian(s) for the minor child execute(s) this Release and Waiver of Liability on the minor's behalf and on behalf of the parent(s) and/or legal guardian(s). If, despite this Release and Waiver of Liability, the minor child makes a claim against Thorn Wrestling Camps, LLC, the parent(s) and/or legal guardian(s) will reimburse Thorn Wrestling Camps, LLC and/or its insuring company for any money which they have paid to the minor child, or to another on his/her behalf, and hold Thorn Wrestling Camps, LLC and its insuring company harmless.

THIS DOCUMENT RELIEVES THORN WRESTLING CAMPS, LLC AND ITS OWNERS, EMPLOYEES OR AGENTS FROM ANY LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, PROPERTY DAMAGE, AND ECONOMIC LOSSES CAUSED BY NEGLIGENCE. I/WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND HAVE SIGNED IT VOLUNTARILY AND FREELY, UNDERSTANDING THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND INTENDING MY/OUR SIGNATURE(S) TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/Guardian Signature _____ Date _____

Participant Signature _____

****PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD****