

**RELEASE AND WAIVER AGREEMENT**

I, \_\_\_\_\_, wish to participate in the wrestling practices, instruction, strength and condition training and other activities (the "Activity") as offered by Black Knight Wrestling Club. Because of the risks associated with wrestling, athletic training and the Activity, I have read and agree to the following Release and Waiver Agreement ("Agreement"): 1. Assumption of Risk. I understand that participating in the Activity entails risks of injury, including, without limitation, physical injury, disfigurement, paralysis, blood loss, muscle function or other injuries, including death ("Injury"). I am aware of the risk of Injury and am knowingly and voluntarily accepting the risk that such Injury may occur as a result of me participating in the Activity or otherwise being on the premises.

2. Warranty of Physical Fitness. I represent and warrant that I am physically fit and in a condition that will allow me to participate fully in the Activity. I am covered by medical insurance that covers me for Injury that may occur while participating in the Activity. Black Knight Wrestling Club will not make any investigation into my physical fitness or ability to participate in the Activity, and is fully relying on my representations of my physical condition and insurance set forth herein.

3. Release/Waiver of Claims. On behalf of myself and my heirs representatives and/or assigns, I hereby fully and completely release Black Knight Wrestling Club, its members, directors, officers, coaches, and employees, and the landlord/owner of the facilities at which the Activity occurs, from any and all claims, actions, causes of action, suits, and/or damages (including, without limitation, claims or loss caused by the negligent act or omission of Black Knight Wrestling Club or the landlord/owner, any instructions offered/withheld or the condition of the premises or equipment) related to any Activity. If any portion of this Release and Waiver is held invalid for any reason, the remainder shall not be affected and shall continue in full legal force and effect.

4. Emergency Medical Treatment. I grant Black Knight Wrestling Club permission to authorize emergency medical treatment as it deems appropriate and agree that such action shall be subject to the terms of this Agreement. I am solely responsible for all costs related to such medical treatment, medical transportation and/or evacuation.

Participant Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (including city, state and zip code):  
\_\_\_\_\_  
\_\_\_\_\_

**I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE AND WAIVER AGREEMENT AND FULLY UNDERSTAND THAT I MAY BE GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS DOCUMENT VOLUNTARILY. Parent or guardian must sign if applicant is UNDER 18. Parent or**

**Guardian Name (Clearly Printed)** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Printed Name of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_