



## **Mighty Men Wrestling Club Youth Wrestling Waiver & Release of Liability**

**Participant's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Parent/Guardian Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

### **Assumption of Risk**

I, the undersigned parent or legal guardian of the above-named minor ("Participant"), acknowledge that wrestling is a physically demanding sport that involves inherent risks of injury, including but not limited to sprains, fractures, concussions, dislocations, and other serious injuries. I voluntarily assume full responsibility for any risks of injury, damage, or loss that may be sustained by the Participant while participating in any activity sponsored by the Mighty Men Wrestling Club.

### **Medical Authorization**

In the event of a medical emergency, I authorize the coaching staff, volunteers, or representatives of the Mighty Men Wrestling Club to seek medical treatment for the Participant. I understand that I am responsible for any and all medical expenses incurred.

### **Release of Liability**

In consideration for the Participant being allowed to participate in wrestling practices, competitions, and related activities, I hereby release, waive, discharge, and hold harmless the Mighty Men Wrestling Club, its coaches, volunteers, staff, board members, and facility providers from any and all liability, claims, or demands for personal injury, illness, disability, property damage, or death arising from participation in club activities, whether caused by negligence or otherwise.

### **Code of Conduct**

I agree that the Participant will abide by the rules and expectations of the Mighty Men Wrestling Club, including good sportsmanship, respect for coaches, teammates, opponents, and officials. Failure to do so may result in suspension or removal from the program without refund.

### **Insurance Disclosure**

I understand that the Mighty Men Wrestling Club does not provide health or accident insurance for participants and that it is my responsibility to provide such coverage.

### **Acknowledgment of Understanding**

I have carefully read this waiver and fully understand its terms. I understand that I am giving up

substantial rights, including the right to sue. I acknowledge that I am signing this agreement freely and voluntarily.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_