

**Simmons Academy of Wrestling, LLC**  
**Individual Participant / Competitor Waiver**

**THIS IS A LEGAL DOCUMENT.**  
**YOU MUST READ AND UNDERSTAND IT BEFORE SIGNING.**

The undersigned wrestler and parents or legal/guardians of the wrestler hereby acknowledges that there are certain risks, hazards and dangers, including risk of physical injury, disability or death and risk of loss of use or damage to personal property, as a result of allowing the wrestler to participate at Simmons Academy of Wrestling, LLC. Training Center, herein known as (S.A.W.). Risks include but are not limited to infectious diseases, the possibility of slips and falls, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severely debilitating or life-threatening hazards. The undersigned understands that injury or loss may result from unknown or unexpected risks and from the use of equipment, materials, or facilities utilized at S.A.W.; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and/or adequate emergency medical care.

The undersigned understands that S.A.W. does not guarantee the personal health or safety of the participants, nor does it protect against risk of loss of personal property.

The undersigned verifies that they have knowingly disclosed all pertinent medical and health information about the wrestler to S.A.W., and that the health of the wrestler is sufficient to allow the wrestler to safely participate at S.A.W.. The undersigned understands and accepts that no health examination will be conducted by S.A.W. to determine the wrestler's fitness to participate at S.A.W. and that health and accident insurance coverage of the wrestler, if any, is the sole responsibility of the undersigned. The undersigned understands and accepts that the wrestler participates at S.A.W. at the wrestler's own risk.

If the wrestler is injured or becomes ill while participating at S.A.W., the undersigned accepts full responsibility for any medical bills, including but not limited to, co-payments and deductibles, emergency services and transportation, and agrees not to seek reimbursement from S.A.W. If my wrestler causes harm to another person or another person's property while participating at S.A.W., the undersigned accepts sole responsibility for all losses and claims.

The undersigned understands that S.A.W. does not accept responsibility for events that are not part of it's program, or that are beyond the control of S.A.W., its members, or its agents or volunteers, or for situations that may arise due to the failure of the undersigned to disclose pertinent information.

In consideration for allowing wrestler to participate at S.A.W., the undersigned releases S.A.W., its agents, its property owner from any claims for personal injury, death, property damage, or loss which arise out of the wrestler's participation at S.A.W., or during any transportation by any of its coaches or owners. The terms "S.A.W.", include the governing board of these entities and their officers, employees, and agents.

Participant/Wrestler's Name \_\_\_\_\_ Date: \_\_\_\_\_

Club Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Email address \_\_\_\_\_

USA wrestling or MYWAY card number \_\_\_\_\_ T-shirt Size \_\_\_\_\_

Birthday \_\_\_\_\_ Weight \_\_\_\_\_

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

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_