



Wrestler's Name: _____ Age: _____ Weight: _____

Wrestling Experience (years): _____ School/Coach: _____

USA/FAWA Card # _____ Wrestler's Phone: _____

Parent/Guardian: _____ Phone: _____
print name

Parent email: _____ Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____
print name

Relationship: _____

Liability Release

I, the undersigned, individually and as a parent/guardian of _____ (ICW wrestler) a minor, ask that he/she be permitted to participate in the Inner City Wrestling Camp/Clinic/classes/program. I do hereby agree to release, discharge and hold harmless Inner City Wrestling, United Charitable, Angel Heart Support Services Inc, Miami Judo Club, and any other entities and facilities, its owners, agents, employees, and volunteers, from all causes, liabilities, damages, and claims or demands whatsoever on account of any injury or accident involving the said minor, arising out of the minor's attendance at the sport camp/clinic/classes/program, or in the course of competition and/or activities held in connection with the camp/clinic/classes/program. I acknowledge that participation in amateur wrestling carries inherent risks. I acknowledge that my child does not have any conditions that would increase the likelihood of experiencing injuries while engaging in these activities. By signing below, I forfeit all rights to bring a suit against ICW for any reason. My child and I will make every effort to adhere to and obey any safety and behavioral precautions that are written and/or expressed verbally. ICW reserves the right to exclude any wrestler and/or parent to protect any and all participants and to ensure the well-being of all participants and the program. All pictures and/or videos taken during the Inner City Wrestling Camp/Clinic/classes/program and/or in connection with Inner City Wrestling are the sole property of Inner City Wrestling and may be used in any and all formats, including but not limited to, websites, social media, print documents, and promotional materials. Pictures and/or videos taken during the Inner City Wrestling Camp/Clinic/classes/program may not be reproduced and/or transmitted in any form without the expressed written consent of Inner City Wrestling.

I, _____, fully understand and agree to the above terms.
print name

Parent Signature _____ Date: _____

