

FREE 1 DAY PASS!

Class Times: 3:30-4:30, 4:30-5:30, 6:00-8:00

Monday - Thursday everyweek, except Holidays.

Name: _____ Age: _____

Invited by: _____ Date: _____

1230 Glenhaven Ct. #300, EDH Business Park #3

Parent Names: Parent 1. _____ 1. Cell: _____ Home Phone: _____

Parent 2: _____ 2. Cell: _____ Work Phone: _____

Parent Email Addresses: print clearly 1: _____ 2: _____

Mailing Address: _____ City/State _____ Zip: _____

RELEASE OF LIABILITY WAIVER and ASSUMPTION OF RISK:

I, the undersigned parent or guardian, do hereby grant permission for my child _____ to train at The El Dorado Hills Wrestling Club & Youth Fitness facilities. Which include 1230 Glenhaven Court #300, in El Dorado Hills, CA 95762.

I acknowledge, understand and agree that my child is assuming risk of such injury, illness, disability or death by his or her participation in wrestling training and fitness activities.

I assume full responsibility for my child's participation and give my permission to participate.

In order that my child may receive necessary medical treatment in the event of injury or illness, and parent or guardian cannot be reached, I hereby authorize the EDH Wrestling Staff / Coaches / Clinicians or Team Parent to facilitate medical treatment for my child for such illness or injury sustained during time in the training rooms / gym / or competition venue.

Furthermore, EDH Wrestling Club founders, principals, board members, owners and coaches, facility owners and ORHS School staff will not be held responsible for any injury or illness incurred while my child is training at any of our above listed facilities, gyms or traveling to or from and event.

Parents Please Initial Below:

____ I acknowledge there is a rock climbing wall and climbing ropes in facility and by initializing I give my permission for my child to free climb without harness or pads.

____ I agree not to hold EDH Wrestling Club, Coaches, Trainers, Staff, Founders, Principals, Directors, Owners of Facility or liable for any negligence or consequences thereof during my child's or my families participation in any activity while at the above listed training facilities or on property.

Parent/Guardian Name: (Please Print) _____ (if over 18 yrs old may sign for self)

Parent/Guardian Signature: _____ Date: _____