

2020-2021 HIGH ALTITUDE WRESTLING CLUB "Pre-Season" APPLICATION

PARTICIPANT'S INFORMATION:

Name: _____ Birth date: _____ Age: _____ Weight: _____ Grade: _____

Parent(s) Names: _____ Home #: _____

Wrestler's Cell #: _____ Dad's Cell #: _____ Mom's Cell #: _____

Address: _____ City: _____ Zip: _____

Shirt Size: _____ Email Address: _____

Please continue to check your email for club updates, practice cancellations, camps/clinics, etc.!!

WRESTLING EXPERIENCE:

of Years Wrestling Experience (prefer 1-year experience): _____

What are your son's/daughter's goals for wrestling? _____

TRAINING LOCATIONS:

(please circle site(s) applying for)

PRE-SEASON (September):

Wednesdays: MVP Sports Center 6:30-8:30pm

Sundays: MVP Sports Center 4:00-6:00pm

if numbers get to high, we will split into two practices

Please Circle If Paying: Monthly (1 Day) Monthly (2 Day)

**Please Note: Training packages are the only way to get discounts on High Altitude Wrestling Camps/Clinics!*

Website Consent

By signing below, I am also giving permission to post my son(s) picture and/or info on future camp flyers, High Altitude Wrestling's Social Media (Facebook, Twitter, Instagram, etc) and High Altitude Wrestling's website.

Signature: _____ Date: _____

*All High Altitude Wrestlers must pay a once per year \$10 fee for insurance (no exceptions!). High Altitude is still AAU and USA sanctioned. You will need the AAU/USA cards for competitions we attend.

Paid for Club Insurance: YES or NO

COVID 19 Waiver and Release Form:

Assumption of Risk, Release and Waiver of Claims,

I, the registered wrestler, am a wrestler and participant at High Altitude Wrestling Club operating Club/Clinics/Camps (“HAWC”). I understand that the nation is in the midst of the COVID-19 pandemic, which presents certain unusual health risks that are highly publicized, including fatal illness. I voluntarily chose to participate in a wrestling academy/clinic/camp sponsored and organized by HAWC. In consideration for my participation therein, I, on behalf of myself, my personal representatives, heirs, and assigns, hereby:

1. Acknowledge, understand, and agree that there are certain inherent risks and dangers associated with my participation in wrestling and High Altitude Wrestling Club/Camp/Clinics, including but not limited to the risk of contracting COVID-19, I knowingly and voluntarily accept and assume full responsibility for each of these risks and dangers, as well as all other risks and dangers that could arise out of or occur during my participation in or association with HAWC.
2. Acknowledge, understand, and agree that at all times that I am participating at HAWC I will use my best efforts to comply with any and all instructions provided by HAWC with respect to maintaining my health and safety, including following CDC Guidelines (e.g., washing hands often, use of hand sanitizer, proper social distancing where possible, wearing appropriate personal protective equipment, covering mouth when coughing or sneezing, and staying home if not feeling well). Additionally, I agree to self-quarantine for 14 days upon arrival back home following my HAWC camp.
3. Acknowledge that, in the event a wrestler, including the undersigned wrestler, must leave due to illness, including COVID-19, that the remaining wrestlers, including the undersigned wrestler may continue to participate at HAWC at their own risk. Further acknowledge that HAWC cannot, and will not, cease its business activities including High Altitude Wrestling Club/Camps/Clinics, each time a wrestler appears to be ill.
4. Acknowledge that HAWC is not a healthcare provider and diagnose or treat illnesses. Consequently, HAWC will not diagnose or treat illnesses at their Club/Camps/Clinics.
5. RELEASE, WAIVE, AND FOREVER DISCHARGE HAWC (and its respective owners, members, agents, employees, servants, officers, directors, successors, assigns and affiliates) (“Releasees”) from any and all claims, demands, actions, or causes of action I, or anyone on my behalf, may hereafter have against Releasees for loss or damage of any kind (including personal injury, illness, disability, and/or death) which occurs because I contracted COVID-19 while participating with or around, or any of the events and activities associated therewith, whether caused by Releasees’ own negligence or otherwise.

I expressly agree that this Assumption of Risk, Release and Waiver of Claims is intended to be as broad and inclusive as is permitted by the law of the State of Iowa or any other state’s laws under which this Agreement may be construed and that if any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF CLAIMS. (Parent and Athlete Agreement)

Full Name (please print) _____

Signature _____

If under 18:
Signature of Parent or Guardian _____

Date _____

DISCLAIMER OF LIABILITY WAIVER:

The High Altitude Wrestling Club, its owner, director, instructors and staff, do not assume liability for any injuries incurred while en route to or from or participating in any practice or competition. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the participant, and if under the age of 18 the parent or guardian:

THE PARTICIPANT, IN ATTENDING THE HIGH ALTITUDE WRESTLING CLUB, IN USING THE FACILITIES AND IN PARTICIPATING IN PRACTICES AND COMPETITIONS, DOES SO AT HIS /HER OWN RISK. CHAD TUNINK, THE HIGH ALTITUDE WRESTLING CLUB, FACILITY OWNERS AND OPERATORS AND ALL OFFICERS, EMPLOYEES, INSTRUCTORS OR AGENTS OF HIGH ALTITUDE WRESTLING CLUB AND ANY FACILITY USED BY HIGH ALTITUDE WRESTLING CLUB SHALL NOT BE LIABLE FOR ANY INJURY OR DAMAGES SUSTAINED BY THE PARTICIPANT BEFORE, DURING OR AFTER ANY PRACTICE, COMPETITION OR OTHERWISE AT OR AROUND THE FACILITIES. THE STUDENT AND HIS/HER PARENTS/GUARDIANS ASSUME FULL RESPONSIBILITY FOR ANY SUCH DAMAGES OR INJURIES AND SO HEREBY FULLY AND FOREVER RELEASE, HOLD HARMLESS AND DISCHARGE CHAD TUNINK, THE HIGH ALTITUDE WRESTLING CLUB, FACILITY OWNERS AND OPERATORS AND ALL OFFICERS, EMPLOYEES, INSTRUCTORS OR AGENTS OF HIGH ALTITUDE WRESTLING CLUB AND ANY FACILITY USED BY HIGH ALTITUDE WRESTLING CLUB FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF ANY OF THE FOREGOING. THE PARENTS OR GUARDIAN FURTHER AGREE TO INDEMNIFY THE RELEASED PARTIES AGAINST ANY LEGAL ACTION BY OR ON BEHALF OF THE PARTICIPANT, INCLUDING ATTORNEY FEES TO DEFEND SUCH ACTIONS.

Full Name (please print) _____

Signature _____

If under 18:

Signature of Parent or Guardian _____

Date _____

INCASE OF EMERGENCY CONTACT:

Name: _____

Relationship to Athlete: _____

Phone #: (Day): _____ Night: _____ Cell #: _____

Name: _____

Relationship to Athlete: _____

Phone #: (Day): _____ Night: _____ Cell #: _____

INSURANCE INFORMATION:

Company: _____ Group #: _____ Policy #: _____

MEDICAL CONDITIONS:

Please list below any medical concerns regarding your child/children that the High Altitude Wrestling Club staff should be aware of:

**The parent or guardian is responsible for sending the wrestler to High Altitude Wrestling Club events with their required medications, inhalers, etc. If unprepared, your child/children will not be allowed to participate in any High Altitude Wrestling Club events.*

MVP SPORTS, LLC
PARTICIPANT RELEASE AND WAIVER OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of participating in any way in any of the "Activities" (defined as, but not limited to, any field activity, court activity, competition, physical training or exercise) offered or allowed by MVP Sports, LLC at Champions Sports Center and their various named club sports teams under their direction (hereinafter collectively referred to as "MVP Sports, LLC" and/or "Releasees"), and also their directors, officers, employees, agents, members, volunteers, participants, and all other persons or entities acting in any capacity on MVP Sport's behalf, I hereby agree to release, discharge and indemnify MVP Sport, LLC on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate, as follows:

1. I acknowledge, agree and represent that I understand the nature of the Activities offered at MVP Sports, LLC, and that I am qualified, or the child or participant named below, is in good health, and in proper physical condition to participate in any Activity that I see fit, of my own choosing and voluntarily. I further agree and warrant that if, at any time, I believe conditions to be unsafe, the participant, or I will immediately discontinue further participation in the Activity.

2. I certify that I, or the participant named have adequate insurance to cover any injuries the participant or I may suffer or cause while participating in any of the Activities offered at MVP Sports. The participant and I agree to bear the costs of such injury or damage for us. The participant and I further certify that we are willing to assume the risk of any medical or physical condition I or the participant may have.

3. I fully understand that: (a) the offered activities involves risks and dangers of serious bodily injury, including permanent disability, paralysis and death (RISKS); (b) these RISKS and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "releases" named below or the negligence of third parties; (c) there may be other RISKS, and social and economic losses, either not known to me or not readily foreseeable at this time, and I fully accept and understand and assume all such risks and all responsibilities for losses, costs, and damages that I or the participant incur as a result of participation or that of the minor in the Activity.

4. I and the named participant hereby release, discharge, and covenant not to bring legal action against MVP Sports, LLC, their respective administrators, directors, officers, employees, agents, members, volunteers, and other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by negligence of the "releases" or third parties, including negligent rescue operations.

5. I and the named participant further agree that if, despite signing this release I or the participant, or anyone on my behalf makes a claim against any of the "RELEASEES", I and the participant will indemnify, save and hold harmless each of the "RELEASEES" from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

6. I AND THE PARTICIPANT NAMED FULLY UNDERSTAND THIS WAIVER'S TERMS, UNDERSTAND THAT I AND THE PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER, AND HAVE SIGNED THE WAIVER FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND THE WAIVER TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Please fill out completely. By signing below, you and/or the participant acknowledge that you have read the foregoing, understand it and agree to the terms.

Participant's Name: _____ Date of Birth: _____

Parent's Name (if under the age of 18): _____ Phone: _____

Street _____ City _____ State _____ Zip _____

E-Mail Address (Parent/Guardian) _____ Sport/Activity _____

**Signature (Parent/Guardian Signature required if under the age of 18): _____

Date: _____