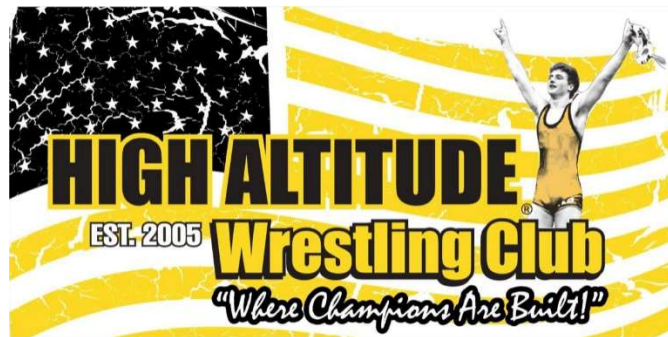


High Altitude “Pre-Season” Wrestling Clinics



Pre-Season Clinics:

September 16th

September 30th

October 28th

November 11th

Cost: \$50 per wrestler per clinic

(Checks payable to: High Altitude Wrestling Club)

Camp Schedule: 9am-Noon

Location: 5548 NW 2nd St, Unit 105, Des Moines, IA 50313

Grades: K – 12th grade (limited to 50 kids)

Register: Register online or mail in form!

Merchandise: HAWC gear will be available for purchase!

Please Note: We have a waiting room for parents who want to stick around or there are plenty of shops/businesses close by!

Please Circle Camp(s) Attending:

September 16th

September 30th

October 28th

November 11th

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Email Address: _____ Grade: _____ Weight: _____

I certify my child has been cleared by a physician and hereby give my permission for any and all activities involved in the wrestling camp. I further waive any legal action against High Altitude Wrestling Club, Chad Tunink, High Altitude Wrestling Staff, High Altitude Wrestling Facility, and its employees for injuries my child may incur.

Parent's Signature: _____ Date: _____

MAIL BOTTOM HALF TO:

High Altitude Wrestling Club, 601 SE 13th Street, Grimes, IA 50111

QUESTIONS: Chad Tunink 641-757-1287 (c) chad@highaltitudewrestling.com

Facebook: [highaltitudewrestling](https://www.facebook.com/highaltitudewrestling) **Twitter:** [HAWrestling](https://twitter.com/HAWrestling) **Instagram:** [high_altitude_wrestling](https://www.instagram.com/high_altitude_wrestling) **Nutrition:** www.4foreverfit.com

For More Information On My Club, Camps and/or Merchandise: www.highaltitudewrestling.com

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 _____