2017-18 NLWC Scholastic Programs Registration & Waiver Form

Section 1: General Information

Wrestler(s):	Shirt Size:		irt Size:
Parent/Guardian(s):			
Address:	City:	State:	Zip:
Parent/Guardian Home ph #:()			
Parent/Guardian Cell ph #:()			
Email:(Please print clearly.)	Parent/Guardian Email:	(Please print clearly.)	
School:	Coach:		
Age Grade:	Weight		
Years of Experience/Past Wrestling Honors:			
Section 2: Registration Options Fitness & Balance Program	Youth Rec Program		

Section 3: RELEASE/DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, practicing, participating or witnessing activity and/or certain event(s) occurring in or about the premises or at any offsite location. I hereby assume full risk, waive all claims and release and hold <u>Youth and</u> <u>Scholastic Practices/Nittany Lion Wrestling Club</u> individually or otherwise, harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgments as a result of injury or death to myself or members of my family or heirs, or my guests, or damage, destruction or loss to my property, which in any way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I agree to wear all protective equipment required while participating in the activity, and I am fully aware and understand that <u>Youth and Scholastic Practices/Nittany Lion Wrestling Club</u> does not have on or about the premises, or employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the <u>Youth and Scholastic Practices/Nittany Lion Wrestling Club</u> premises or facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors, officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participating in any program or event sponsored by <u>Youth and Scholastic</u> <u>Practices/Nittany Lion Wrestling Club</u>.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Parents or guardians must sign if applicant is UNDER 18.

Printed Name of Participant:	 Date:
Parent or Guardian Signature:	 Date:

Contact Dave Hart for more information: (814) 574-7799 or davehart3@verizon.net