**Wrestler Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please read the statements below and sign one of them. DO NOT SIGN BOTH.**

1, If my child needs medical attention, it is my wish that I be contacted before any medical

procedures are done on my child unless immediate treatment is necessary to save my child’s life or to prevent permanent injury.

**Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. If my child needs medical treatment while participating it is my wish that the treatment be started while efforts are being made to contact me. So treatment is not delayed, I consent to any medical procedures that the physician believes are needed, on the understanding that efforts will continue to be made to contact me. I accept all responsibility for all costs related to such treatment.

**Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**



**Please read the statements below and answer all of them.**

I understand that pictures may be taken of my child and posted on the club’s website and/or published in the newspaper. I hereby **\_\_\_ DO \_\_\_\_\_ DO NOT give permission** for my child’s photograph to be published.

Has your child wrestled/been registered with the Pinedale Pummelers USA Wrestling Club before?

**\_\_\_ Yes \_\_\_ NO If no, a copy of your child’s birth certificate is required.**

I have read and agree to the Wyoming Amateur Wrestling Association and the USA Wrestling rules. I also agree to the Pinedale Pummelers Wrestling Club Mission Statement and the Code of Conduct, these can be found in the Pinedale Pummelers Wrestling Club By-Laws. By-Laws and rules can be found on our website *[www.pinedalepummelers.com](http://www.pinedalepummelers.com).*

I understand that any breach of these rules can lead to my son or daughter's or my own dismissal from the Pinedale Pummelers USA Wrestling Club. I understand the PPWC is a nonprofit organization intended to teach wrestlers valuable life skills.

**Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**Please remember to sign the USA Wrestling waiver form and return it to:**

**Wyoming State Association**

**PO Box 50001**

**Casper, WY 82605**

**Consent / Waiver**

1. On behalf of myself, my heirs and next of kin, personal representative, agents, insurers, successors and assigns (all hereinafter "Releasors") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE UNITED STATES OF AMERICA WRESTLING ASSOCIATION, INC., its insurers, its affiliated clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USA Wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releasor understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releasor acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releasor, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and any other losses to person or property, including death, and that severe social and economic losses may result not only from releasor's own action, inactions or negligence, but also from the actions, inactions or negligence of other notwithstanding the rules of play or the condition of the premises or of any equipment used. Further Releasor acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

**I acknowledge that I have had sufficient opportunity to review the provisions of this document and** **understand its purpose, meaning and intent.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Member Acknowledgement Date

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Parent/Guardian Acknowledgement Date

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Relationship