

## Mile High Wrestling Club Registration Form

### Wrestler Information

Wrestler Name: \_\_\_\_\_ Birthdate (mm/xx/yyyy): \_\_\_\_\_  
Address: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
Address 2 (if applicable): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian #1	Parent/Guardian #2
Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

### Terms and Conditions

*I am the parent or legal guardian of \_\_\_\_\_, a child under the age of 18 years. On behalf of myself and my child, I understand, acknowledge and agree by my signature below that wrestling is a sport that is inherently dangerous; that by my child participating in wrestling and wrestling related activities at Mile High Wrestling Club, a Colorado non-profit corporation ("MHWC"), at any of its locations and facilities, my child and I are voluntarily assuming the risk of personal harm injury or death. Further, I acknowledge that my child will be in physical contact with other children and adults, be in contact with the equipment and facilities of MHWC, and either may be exposed to or be a carrier of COVID 19 coronavirus. I fully understand, acknowledge, and agree to the risk of my child contracting COVID 19 while participating in wrestling activities at MHWC. On behalf of my child and I, I hereby release, discharge and forever disclaim any and all right, cause of action, or claims of any nature whatsoever against MHWC, individually, its agents, coaches, volunteers, employees, assigns, directors, officers, officials, members, Managing Members, except for intentional tortious acts or omissions caused by them, and agree that none of them shall be liable if my child contracts or tests positively for COVID 19 coronavirus, regardless of the source. I further agree and acknowledge that I have health or accident insurance for my child or that I waive such insurance coverage, which will cover any and all injuries and illnesses, including but not limited to COVID 19 coronavirus my child may suffer or contract as a result of my child's participation in wrestling and wrestling training activities at MHWC. I further acknowledge and represent that my child has no physical impairment or condition which requires the presence of a physician or other qualified medical person to be in attendance while participating in such activities.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_