

**KOLAT WRESTLING CLUB
WAIVERS/CONSENT FORM
(initial where you agree)**

I agree to allow my child (if severely injured) to be treated by a physician, nurse, or a certified health professional while attending Kolat Wrestling Club practices, camps, clinics. I understand that the wrestlers attending practices, camps, clinics are using the Kolat Wrestling facility at their own risk. I understand and agree that Cary Kolat, the facility owner, the staff, Jay LaValley, Kolat Wrestling Club, Superior Performance, and anyone associated with or connected with club practices, clinics, camps, are not liable and will not assume responsibility for accidents, injuries, skin infection, medical or dental expenses incurred by my son or daughter during activities at the Kolat Training Center.

____ I AGREE TO THE TERMS LISTED ABOVE

I recognize that a copy of a valid/current USA Wrestling Membership Card must be presented prior to attending club practices, camps, clinics. No one will be admitted or allowed to participate at practices, camps, clinics without a signed release or USA Wrestling Membership Card.

____ I AGREE TO THE TERMS LISTED ABOVE

Any refund issued, will be in the form of a credit towards future camps, club practices, clinics. There will be no monetary refund of any kind.

____ I AGREE TO THE TERMS LISTED ABOVE

I understand that camps, clinics, practices may be videotaped and broadcasted over the internet. I understand and authorize that my son or daughter's name, image, and voice may be recorded. I hereby waive to the fullest extent that I may lawfully do so, any causes of action in law or equity I may have or may hereafter acquire against the videographer for libel, slander, invasion of privacy, copyright or trademark violation, right of publicity, or false lighting arising out of or in connection with the video.

____ I AGREE TO THE TERMS LISTED ABOVE

OR

I, the undersigned have read and understand and agree to all of the terms and policies set forth (above) for the Kolat Wrestling Club, (aka Superior Performance).

Wrestler's Name (print)

Wrestler's Signature

Date

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Parent/Guardian Name (print)

Parent/Guardian Signature

Date