

**INDY RARE BREED WRESTLING REGISTRATION FORM**

|   |   |
|---|---|
| <b>Participant Name:</b>                        | <b>Age: Birth Date:</b>                         |
| <b>Home Address:</b>                            | <b>Living with:</b>                             |
| <b>1<sup>st</sup> Parent's/Guardian's Name:</b> | <b>2<sup>nd</sup> Parent's/Guardian's Name:</b> |
| <b>Home Phone Work Phone</b>                    | <b>Home Phone Work Phone</b>                    |
| <b>Address</b>                                  | <b>Address</b>                                  |
| <b>City, ST ZIP Code</b>                        | <b>City, ST ZIP Code</b>                        |

**Alternative Emergency Contacts**

|                                   |                                     |             |
|-----------------------------------|-------------------------------------|-------------|
| <b>Primary Emergency Contact:</b> | <b>Secondary Emergency Contact:</b> |             |
| Home Phone:<br><br>Work Phone:    | Home Phone:                         | Work Phone: |
| Address:                          | Address:                            |             |
| City, ST ZIP Code:                | City, ST ZIP Code:                  |             |

**Medical Information**

|                                   |                     |                          |
|-----------------------------------|---------------------|--------------------------|
| <b>Hospital/Clinic Preference</b> | <b>Phone Number</b> | <b>Insurance Company</b> |
| <b>Physician's Name:</b>          |                     | <b>Policy Number:</b>    |

**Allergies/Special Health Considerations:**

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature Date

I give permission for my child to attend away games. I release Indy Rare Breed Wrestling Academy and individuals from liability in case of accident during activities related to Indy Rare Breed Wrestling Academy, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature Date



## Indy Rare Breed Wrestling Academy Parent and Student Participation Agreement

| <b>Participant Name:</b>      |  |                            |                     |
|-------------------------------|--|----------------------------|---------------------|
| <b>Parent/ Guardian Name:</b> |  |                            |                     |
| <b>Date of Agreement :</b>    |  |                            |                     |
| Agreement                     | Description  | Parent or Guardian Initial | Participant Initial |
| <b>SOCIAL</b>                 | We agree that <b>ALL</b> invited parents, participants, and guests will <b>always be respectful</b> to others including staff and family of Indy Rare Breed Wrestling Academy and facility.  |                            |                     |
| <b>GEAR</b>                   | We understand that we ( <i>parent/guardian</i> ) are responsible for providing <b>ALL</b> components required of participants wrestling gear. – <i>List will be provided.</i>  |                            |                     |
| <b>DAMAGES</b>                | We understand that as a participant we are <b>100% liable</b> for any damages caused or proven to be done by any guest(s) of participants including parent and or guardian.  |                            |                     |
| <b>ACADEMICS</b>              | We understand that as a participant, <b>I (<i>participant</i>) cannot have more than two (2) failing grades</b> in a semester. If this occurs, a staff member of Indy Rare Breed Wrestling Academy, the participant, and parent/guardian will discuss any academic assistance options. <u><i>However, the participant will not be able to participate in any competitions until grade(s) improve. Participant is still required to attend ALL practices and fundraisers.</i></u> |                            |                     |
| <b>TRANSPORTATION</b>         | We understand that as parents, guardians, and participant, we are <b>responsible for transportation</b> and being on time for practices and picked up on time from practices. <i>If you're going to be late or absent or in the case of a transportation emergency, notify Indy Rare Breed staff immediately to make the proper arrangements.</i>  |                            |                     |
| <b>RESPONSIBILITY</b>         | As parent/guardian and participant we understand that we are equally responsible for making sure participants have <b>everything needed</b> for every practice.  |                            |                     |
| <b>WEATHER NOTICE</b>         | Indy Rare Breed will notify families immediately via text and email in the case of any closing due to weather or   |                            |                     |

|                                     |   |            |           |
|-------------------------------------|---|------------|-----------|
|                                     | emergencies.  |            |           |
| <b>SIGN IN/OUT</b>                  | <b>ALL participants MUST be signed in and out after every practice or any participating events.</b>   |            |           |
|                                     |   | <b>YES</b> | <b>NO</b> |
| <b>HYGIENIC</b>                     | Hygiene is very important, please make sure participant take a shower or let the academy know if participant needs to take a shower prior to practice. If that is the case, participant should arrive 30 minutes prior to practice. |            |           |
| <b>Parent / Guardian Signature:</b> |   |            |           |
| <b>Participant Signature:</b>       |   |            |           |
| <b>Indy Rare Breed Staff:</b>       |   |            |           |

### **WAIVER AND RELEASE OF LIABILITY**

In consideration of the risk of injury while participating in introduction to wrestling (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Indy Rarebreed wrestling academy, located at 1500 E Michigan St, Indianapolis, Indiana 46201, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

**I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.**

I agree to indemnify and hold harmless Indy Rarebreed wrestling academy against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Indy Rarebreed wrestling academy incurs any of these types of expenses, I agree to reimburse Indy Rarebreed wrestling academy.

I acknowledge that Indy Rarebreed wrestling academy and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Indy Rarebreed wrestling academy.

**I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS.** The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

**I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Indy Rarebreed wrestling academy AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS,**

**REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Indy Rarebreed wrestling academy FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Indy Rarebreed wrestling academy, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, ,and Indy Rarebreed wrestling academy agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this \_agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

**Emergency Contact Contact Relationship Contact Telephone**

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

**Participant's Name:**

**Participant's Address:**

**Signature:**

**Date:**

PARENT/ GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of ,named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

**Parent / Guardian Name:**

**Relationship to Minor:**

**Signature:**

**Date:**