

**Clinic Registration** (Please Sign Waiver, Release and Health Statement)

Send completed registration form and check payable by May 1<sup>st</sup>, 2018 to Treynor Wrestling Booster Club, Steve Gregory 24034 Burgan Ave. Council Bluffs, IA 51503

Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Participant's Cell #: \_\_\_\_\_ Parent/Guardian Cell# \_\_\_\_\_

Email: \_\_\_\_\_

T- Shirt Size: (Included in Registration) YS  YM  YL  S  M  L  XL  2X

**Waiver & Release:** I am aware of the danger involved in participation in the physical activities of the Grand View Wrestling Clinic and all activities related to the clinic. I am aware that the Grand View Sports Clinic involves competition against other participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I am also aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. My participation in the above clinic and in all activities related to the above is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all risks associated with my participation in the above clinic. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Wrestling Clinic, Grand View University, their officers, agents, employees, and volunteers- including without limitation, equipment personnel, and physicians and other practitioners of the healing arts- from any and all liability, claims, causes of the action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in and activities related to the clinic. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgement and release and execute it as a free and voluntary act. Further, this acknowledgement and release is contractual and not mere recital.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Statement/Medical Authorization:** I do hereby state that the camper is in good health and suffers from no illness, disability or health condition that could hinder or prevent participation in the GVW clinic. Furthermore, I have no knowledge or any reason that the participant cannot participate in vigorous exercise. I hereby authorize and give my consent as the participant's legal guardian to GVU to perform or administer, without prior consent, any reasonable, necessary medical treatment to participant. I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charge in condition with the participant's attendance at GVU wrestling technique clinic.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_