

ATHLETE WAIVER

NAME:	AGE:	WEIGHT:	USA WRESTLING #:
PARENTS NAME:	PHONE:	EMAIL:	
PARENTS NAME:	PHONE:	EMAIL:	
EMERG. CONTACT (NAME & NUMBER):			

Assumption of Risk, Release and Waiver of Claims,

I, _____, am a wrestler and participant at Maurer and Coughlin Wrestling LLC. operating Academy/Clinics/Camps ("MCWC").

I agree that I am voluntarily participating in these activities and use of these facilities and premises and assume all risks of injury, illness, or death. MCWC is not responsible for any loss of my personal property. This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: 1) my use of all amenities and equipment in the facility and my participation in any activity, class, program, personal training or instruction; 2) the sudden and unforeseen malfunctioning of any equipment; 3) our instruction, training, supervision, or dietary recommendations; and 4) my slipping and/or falling while in the building, or on the premises, including adjacent sidewalks and parking areas.

I understand that the nation is in the midst of the COVID-19 pandemic, which presents certain unusual health risks that are highly publicized, including fatal illness. I voluntarily chose to participate in a wrestling academy/clinic/camp sponsored and organized by MCWC. In consideration for my participation therein, I, on behalf of myself, my personal representatives, heirs, and assigns, hereby:

1. Acknowledge, understand, and agree that there are certain inherent risks and dangers associated with my participation in wrestling and MCWC Wrestling Camp, including but not limited to the risk of contracting COVID-19, I knowingly and voluntarily accept and assume full responsibility for each of these risks and dangers, as well as all other risks and dangers that could arise out of or occur during my participation in or association with MCWC.

2. Acknowledge, understand, and agree that at all times that I am participating at MCWC I will use my best efforts to comply with any and all instructions provided by MCWC and/or local law enforcement and governmental authorities with respect to maintaining my health and safety, including following CDC Guidelines (e.g., washing hands often, use of hand sanitizer, proper social distancing where possible, wearing appropriate personal protective equipment, covering mouth when coughing or sneezing, and staying home if not feeling well).

3. Acknowledge that, in the event a wrestler, including the undersigned wrestler, must leave due to illness, including COVID-19, that the remaining wrestlers, including the undersigned wrestler may continue to participate at MCWC at their own risk. Further acknowledge that MCWC cannot, and will not, cease its business activities including MCWC Wrestling Camps, each time a wrestler appears to be ill.

4. Acknowledge that MCWC is not a healthcare provider and diagnose or treat illnesses. Consequently, MCWC will not diagnose or treat illnesses at their Camps/Clinics/Academy.

5. **RELEASE, WAIVE, AND FOREVER DISCHARGE** MCWC (and its respective owners, members, agents, employees, servants, officers, directors, successors, assigns and affiliates) ("Releasees") from any and all claims, demands, actions, or causes of action I, or anyone on my behalf, may hereafter have against Releasees for loss or damage of any kind (including personal injury, illness, disability, and/or death) which occurs because I contracted COVID-19 while participating with or around MCWC, or any of the events and activities associated therewith, whether caused by Releasees' own negligence or otherwise.

I expressly agree that this Assumption of Risk, Release and Waiver of Claims is intended to be as broad and inclusive as is permitted by the law of the State of Indiana or any other state's laws under which this Agreement may be construed and that if any portion of this Agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF CLAIMS ON THE DATE INDICATED BELOW.

Date: _____

Wrestler's Signature: _____

Parent or Guardian of Wrestler's Signature: _____