# CT Wrestling Academy LLC

**4 Eagle Rd Unit 2**
**Danbury, CT 06810**

## Waiver/Release of Liability and Player Registration Form

**Player's Full Name:** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Email Address: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

**Address:** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

**City:** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

**State:** |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

**Zip:** |___|___|___|___|___|

Home Phone: (___|___|___) - |___|___|___| - |___|___|___|___|

Cell Phone: (___|___|___) - |___|___|___| - |___|___|___|___|

**Date of Birth:** |___|___| - |___|___| - |___|___|___|___|

Emergency Contact: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|
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Emergency Contact Phone: (___|___|___) - |___|___|___| - |___|___|___|___|

**Release of Liability**

In enrolling at **CT Wrestling Academy LLC**, participant understands that he/she attending the programs and using **CT Wrestling Academy LLC**, and the facilities does so at his/her own risk. **CT Wrestling Academy LLC**, and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/she does hereby fully and forever release discharged hold harmless **CT Wrestling Academy LLC,** all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by **CT Wrestling Academy LLC**, Failure to do so may result in suspension from participation. Consent: I the undersigned parent or guardian/participant do hereby grant authority to the staff at **CT Wrestling Academy LLC,** to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize **CT Wrestling Academy LLC**, and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films.

I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signature of Participant (or of Guardian if under18):

_________________________________________________________________

Date: _____________