

Caveman-Phoenix Wrestling Clubs
PARTICIPANT RELEASE FORM

I know of, and acknowledge, and my child knows of and acknowledges, the risks involved in participation in the Wrestling Club activities. My (our) child and I (we) understand that serious injury, and even death, is possible from such participation and choose to accept any and all responsibility for their safety and welfare while participating in the club. With full understanding of the risks involved, I (we) release and hold harmless The Caveman-Phoenix Wrestling clubs, Inc. its Trustees, coaches, employees, agents successors, or assigns as well as any other parent or volunteer who participates as a coach, counselor or instructor at the club, from any and all responsibility and liability for any injury or claim resulting from such participation in club activities, and agree to take no legal action against JJ 11548, LLC, its Trustees, employees, agents successors, or assigns as well as any because of any accident or mishap involving the participation of my child. I (We) am (are) aware of the potential danger of concussions and/or head and neck injuries that may occur as a result of my (our) child's participation in this club.

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT YOU UNDERSTAND THAT THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM CAVEMAN-PHOENIX WRESTLING CLUBS, INC., AND CERTAIN SPECIFIED OTHERS, FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM.

Participants Name : _____

Parent(s) or Guardian(s) Signature:

_____ Date _____

Emergency Contact Number _____