

Wrestling Clinic
November 24, 2013
John Paul Jones Arena

RELEASE & CONSENT

Wrestling Clinic AGREEMENT

The Wrestling Clinic is sponsored by the University of Virginia and directed by Coach Steve Garland, and it may be held at the University of Virginia and use some of the University's facilities. Please read the following agreement carefully before signing. Although clinic participation is encouraged, it is encouraged only if health and safety are considered.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including this Wrestling Clinic, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the Wrestling Clinic coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following:

--That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the wrestling clinic;

--That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the wrestling clinic;

--That my child has no history of fainting or other problems related to strenuous exercise; and

--That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Participant Name (Please print) _____ Date: _____

Parent/Guardian Signature _____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for this Wrestling Clinic and its employees and agents to obtain medical treatment for my child, _____, in the event of accident or illness during his/her presence at the Wrestling Clinic.

2. By my signature below, I hereby give consent to have my child be photographed or video- or audio-taped during Wrestling Clinic activities, and I agree that the images so obtained may be used for educational and public relations purposes by the Wrestling Clinic

Parent/Guardian Signature _____ Date: _____

RELEASE:

1. In consideration for accepting my child into Wrestling Clinic, which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his or her participation at the Wrestling Clinic. I also certify that I have health insurance, which provides adequate coverage for injuries or illness my child may sustain while participating in the Wrestling Clinic.

2. By my signature below, I also agree to release and promise not to sue the Commonwealth of Virginia, the University of Virginia, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in the Wrestling Clinic, unless such damages, loss, injury or death are caused by the gross negligence or intentional misconduct of such employees or agents.

Parent/Guardian Signature _____ Date: _____