

Release and Waiver Form Favia Wrestling Camps, LLC.

I certify that _____ (print applicant name) is in good physical condition and can participate in the Clinic, and activities associated. Participation in any athletic program includes a risk of injury which may range in severity from minor to long-term catastrophic, even death. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate this risk. Participant agrees and hereby does release and hold harmless Favia Wrestling Camps LLC. and its trustees, officers, employees, agents, representatives, volunteers, students and insurers and each of their respective successors and assigns (collectively, "Releasees"), both in their personal and official capacities, from any and all liability for any harm, injury, damage, claim, demand or cause of action of any kind or nature that may be brought by or on behalf of the Participant, any member of Participant's family, Participant's heirs, administrators, beneficiaries, and personal representatives, and any of their respective successors or assigns ("Releasers"), arising out of any and all known or unknown, foreseen or unforeseen physical, emotional or other personal injuries, damages to property and any consequences thereof which may be sustained by the Participant or other Releasers arising out of or in connection with the Clinic. Furthermore, Participant agrees to indemnify Favia Wrestling Camps, LLC. for any injuries, damages, or losses to others or to the premises, facility, or equipment of Favia Wrestling Camps LLC. caused by Participant. Such indemnifications shall include costs and expenses incurred by Favia Wrestling Camps LLC., including reasonable attorneys' fees and/or other associated costs.

Favia Wrestling Camps, LLC does not screen applicants of these programs for illness, injuries, allergies, or other medical conditions, which would prevent or limit participation in any athletic or outdoor program. It is the responsibility of the parent or guardian to evaluate the applicant's ability to participate in any Favia Wrestling Camps, LLC Camp/Clinic/Program.

I, _____ (print parent/guardian name), authorize Favia Wrestling Camps, LLC to administer treatment in any emergency situation requiring medical attention. I also understand that such treatment becomes my sole financial responsibility. I hereby waive and release Favia Wrestling Camps, LLC and its Instructors and Employees, from responsibility for any injury or illness occurring while attending the Clinic. This includes any transportation and emergency treatment.

Signed this _____ day of _____ 2021.

Parent/Guardian signature _____

Favia Wrestling Camps, LLC and all staff, including medical staff, will not administer any medication, either prescription or non-prescription, without notification on this application or a separate note by a parent or guardian.