



CONTACT & LIABILITY FORM

Name of Athlete: _____
Date of Birth: _____
Current Age: _____
Current Weight: _____
Years of experience: _____
Current School District: _____
Street Address: _____
City, State, Zip: _____
Parent / Guardian Name(s): _____
Cell Phone: _____
Email: _____

Wrestlers Only:

Are you interesting in our travel teams (Y / N)

If Yes, would you like to be included on all National Team communication (Y / N)

Steel Valley Renegades Wrestling Club (SVRWC): All Exercises, training and/or instruction, including the use of the entire facility and use of any and all machinery, equipment, apparatus designed for exercise, shall be at the guest of member's sole risk. Guests and members understand that the agreement to use, or the selection of exercise programs, methods and types of equipment shall be the guest or member's entire responsibility. **SVRWC** shall not be liable to guests or members for any claims, demands, injuries, damages, or actions arising due to injury to guest or member's person, or of the services, facilities and premises of the club. Guest or member hereby holds Steel Valley Renegades Wrestling Club and all of their respective officers, trustees, employees, agents, successors and assigns harmless from all claims which may be brought against them by the guest or member or on guest or member's behalf for any such injuries or claims.

WITH MY SIGNATURE, I ACKNOWLEDGE THAT I HAVE READ AND HEREBY AGREE TO THE RELEASE OF LIABILITY TERMS AS STATED ABOVE

Print Athlete Name

Parent / Guardian Signature

Date