



STUDENT INFORMATION AND RELEASE FORM

Student Name: _____

Grade: _____ Birthdate: _____ Gender: _____

School: _____

Contact details for sending program information (including text reminders)

Mobile Phone: _____

Email: _____

Primary Wrestling Program Site: _____

Program: (Circle One) FALL/RTC WINTER IKWF SPRING/RTC

Shirt Size: (Circle One) YS YM YL YXL S M L XL

USAW Card Number: _____ **Valid Until:** _____

Check here if application for a new USAW card accompanies this form _____

PARENT / GUARDIAN INFORMATION

Name: _____

Emergency Phone: _____

Email: _____

CONSENT AND RELEASE:

Parent/guardian: please sign at bottom to give your student permission to participate in the Beat the Streets Chicago Wrestling Program circled above and to agree to your release of Beat the Streets Chicago from liability associated with the Program. Specifically, by signing this form, you: (1) understand that it is your responsibility to obtain a USA Wrestling athlete membership



card for your student, (2) understand that USA Wrestling provides insurance for injuries sustained while participating in USA Wrestling-sanctioned programs and that Beat the Streets Chicago does not carry participant health insurance and you agree that it is your responsibility to determine whether you should purchase additional health insurance for your child beyond what USA Wrestling provides; (2) understand and acknowledge that wrestling is a strenuous contact sport that may, on occasion, cause injuries. You also understand that children with certain medical conditions could be impacted adversely by strenuous activity that increases the child's heart rate, blood pressure or breathing. You understand and agree that you are responsible for ensuring that your child is physically able to participate in youth wrestling and training activities and you accept and assume all risks of injury, whether to your child or others that may result from your child's participation in Beat the Streets Chicago Wrestling programs; (3) acknowledge that Beat the Streets Chicago coaches and personnel are authorized representatives of the Beat the Streets Chicago wrestling programs and may act for you in any emergency, accident or illness involving your child; (4) release Beat the Streets Chicago, its officers, directors, employees, staff, contractors, coaches, volunteers, corporate affiliates and sponsors from any and all claims, disputes, causes of action, which may arise out of any participation in Beat the Streets Chicago activities by your child or by others in your child's presence or out of all acts or equipment, buildings or the grounds, or the conditions thereof, used by Beat the Streets Chicago, and agree not to sue or file a claim against them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the Wrestling Program or otherwise, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released; (5) agree to indemnify, defend and hold Beat the Streets Chicago and its officers, directors, employees, staff, contractors, coaches, volunteers, corporate affiliates and sponsors (herein jointly referred to as "Indemnitee") harmless from any or all claims, causes of action, damages, judgments, costs and expenses, including attorney fees, which in any way arise from the activity or this Waiver and Release which include but are not limited to damages to or destruction of any property of Indemnitee, or any others, injury or death of my child or anyone else or any liability arising from the act of negligent act of Indemnitee, you, your child or anyone else; (6) authorize use of your child's first name and image in promotional or informational publications for Beat the Streets Chicago which may be published, among other ways, on the Beat the Streets website; (7) enter into this Waiver and Release for yourself, your child and respective heirs, assigns and legal representatives; (8) represent and warrant that you have carefully read this Waiver and Release and that you sign this Waiver and Release knowingly and voluntarily, intending to be legally bound hereby.

Printed Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____

Date: _____