



# THOROBRED WRESTLING CLUB



PRESENT

## JINGLE JAM WRESTLING CLINIC

Wrestler's Name: \_\_\_\_\_

Wrestling Club: \_\_\_\_\_

Weight Class: \_\_\_\_\_

School/Grade: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

USA Wrestling Card ID#: \_\_\_\_\_

Payment:  CASH  CHECK  CREDIT CARD Amount: \$ \_\_\_\_\_

READ THE FOLLOWING CAREFULLY & SIGN BELOW (Parent /Legal Guardian Signature REQUIRED) In consideration of being allowed to participate in any way in the Thorobred Wrestling Club and related events and activities, the undersigned: Agree that before participating, they each will inspect the facilities and equipment to be used, and if they believe anything to be unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, and severe social and economic losses which might result, not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or condition, of the premises or of any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. Further, assume all liability for the negligence if participant leaves the facility without parent or camp director consent and the result ends in injury, illness or death. Release, waive, discharge and covenant not to sue Thorobred Wrestling Club, their respective administrators, directors, coaches and other employees of the organization, and other participants, all of which are hereinafter released from any and all liability to the undersigned, his or her next of kin, for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the release or otherwise.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### Thorobred Wrestling Club

6100 W. Gila Spring Pl | Suite 1 | Chandler | AZ | 85226  
Coach Mike | 480-612-3380 | Coach Jack | 216-650-6300

[www.thorobredwc.com](http://www.thorobredwc.com)