



WAIVER FORM

I hereby voluntarily permit me or my child to participate in activities at TOP OF THE PODIUM, INC (TOP). I UNDERSTAND AND FULLY ACCEPT THERE ARE RISKS INVOLVED IN SPORTS AND PHYSICAL ACTIVITY AND GATHERING WITH OTHER PERSONS, AND THAT ACCIDENTS, ILLNESSES, AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES IN SPORTS AND PHYSICAL ACTIVITY. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH OR ILLNESS, AND VERIFY THIS STATEMENT BY SIGNING BELOW.

As consideration for being permitted by TOP to participate in these activities, I hereby release and hold harmless the TOP staff, volunteers and designated coaches from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury or illness to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to TOP (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury, illness, and/or property damage that I or my child may cause or sustain while participating in this activity.

In the event of a medical emergency, I grant permission for TOP volunteers to administer first aid or secure medical treatment for my athlete, provided they are unable to communicate with me, and according to their best judgment. I also hereby give permission to TOP staff and volunteers to disclose the information contained on this form to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. TOP does not provide any medical or other insurance protection or benefits for those who participate in their programs.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND TOP OF THE PODIUM, INC. FOR ALL ACTIVITIES OCCURRING AT TOP, AND I SIGN BELOW ACCORDING TO MY OWN FREE WILL.

_____	_____
PARTICIPANT'S NAME (PRINTED)	STREET ADDRESS
_____	_____
EMERGENCY PHONE NUMBER	CITY, STATE, ZIP

SIGNATURE (PARENT/GUARDIAN FOR MINORS)

DATE

PRINTED NAME

MEDICAL CONDITIONS/COMMENTS:

{complete other side}

DAILY CERTIFICATION

Each participant must complete this section and submit during "check-in" at the facility each day. By initialing, the participant agrees with the statement. Reasons for any exceptions should be noted below.

Initial here

- _____ 1. I have experienced zero symptoms of illness for the past 72 hours.
- _____ 2. To the best of my knowledge, I have not been in close contact with persons testing positive (or who are awaiting test results) for COVID-19 during the past 7-14 days in accordance with CDC guidelines.
- _____ 3. I do not have medical conditions that classify me as "higher risk" or "vulnerable" per CDC and governmental guidelines.
- _____ 4. I pledge to do my best to avoid close contact with persons identified as "higher risk" or "vulnerable" in the near future.
- _____ 5. I agree to follow CDC guidelines when coughing or sneezing.
- _____ 6. If I feel ill during this event, I will immediately notify a coach or supervising adult, terminate activities, and arrange to leave the premises as soon as feasible (as well as follow protocol for such situations).
- _____ 7. I will have physical contact only with approved persons at this event. If I become sick (or test positive for COVID) in the next several days, I will notify my coaches and ensure TOP is made aware of the situation.
- _____ 8. I understand items left in the facility after the event may be discarded (e.g., water bottles, headgear, clothing).
- _____ 9. I pledge to wear a facial covering inside the building (except when wrestling) and maintain at least 6 feet distance from all persons except those from my household or approved wrestling partners.
- _____ 10. I agree to pay close attention and follow all rules and policies communicated by our staff.

Exceptions (without initials) above _____

PARTICIPANT SIGNATURE PRINTED NAME DATE

PARENT/GUARDIAN APPROVAL

By checking this box, I confirm the accuracy of all of the above information. I (and my child) understand his/her actions (during and after camp) may affect other individuals.

PARENT/GUARDIAN SIGNATURE (FOR ALL ATHLETES UNDER 18) DATE

PRINTED NAME

{complete other side}