



RELEASE/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 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 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 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	STREET ADDRESS
_____	_____
EMERGENCY PHONE NUMBER	CITY, STATE, ZIP
_____	_____
EMAIL ADDRESS	DATE OF BIRTH

USA Wrestling Membership No. (if applicable)	

SIGNATURE (PARENT/GUARDIAN FOR MINORS)

DATE

PRINTED NAME

MEDICAL CONDITIONS/COMMENTS: