

SO CAL HAMMERS WRESTLING PARTICIPATION WAIVER

Child / Participants Name - _____

I, _____ Guardian Of Aforementioned Child Under The Age Of 18 years old (CHILDS NAME - _____) or Participant Wrestler Over Age Eighteen). On behalf of my family (and family of child under 18 years old) , I _____ AKA SIGNEE AKA GUARDIAN OF _____ (known as "Participant") Heirs, Executors, Administrators, Legal Representation and Assigns hereby forever release, discharge and hold harmless SO CAL Hammers Wrestling and Athletic Club / Organization including but not limited to SO CAL HAMMERS its administrators / administration department, its employees, volunteers, other participants (other wrestlers and athletes), sponsors of SO CAL HAMMERS as well as the entity and its holdings (SOCAL HAMMERS) and its owners Chris Padilla et al and El Dorado High School located at 1651 N. Valencia Ave, Placentia, California from any and all liability claims, demands and actions due to injury both mental or physical, loss of personal property during the time that the aforementioned minor (wrestler under the age of Eighteen years) / or signing athlete aged over 18 years while he or she is attending SOCAL HAMMERS wrestling and athletic / fitness classes and while they are on SOCAL HAMMERS /El Dorado High School property.

In signing this waiver I as a competent adult over the age of Eighteen years old I fully acknowledge and understand all risks associated with the sport of wrestling, the engaging of strenuous exercise and certify that the individual under the age of Eighteen years that I am exercising this waiver on the behalf of (OR signee over the age of Eighteen) has been fully cleared to participate in wrestling and athletics prior to the execution of this document by a licensed medical professional in good standing with the state and federal medical board.

I am also stating that the (Participant) has been cleared by a mental health specialist if applicable should the (Participant) have a prior history of mental health issues). Additionally I acknowledge the (Participant) has been cleared by a medical professional should the (Participant) currently be on any prescription medication so as to protect against / be aware of any negative interactions / complications that can / could potentially arise during wrestling activity(s).

Additionally by executing this waiver I understand that SoCal Hammers may utilize my image and or likeness (the under Eighteen year old child being signed on behalf of or individuals exercising his waiver over the age of Eighteen years old) in both still and video format for advertising with the intention of commercial business growth with no remuneration being given to the club member (both over and under Eighteen years old) therefor no reasonable expectation of

privacy during time on the workout floor (on the mat in wrestling room) may be had. SoCal Hammers utilized both still and video footage of club members in the following (but not limited to) formats -

- Print advertising
- Vimeo
- Youtube
- Instagram
- Facebook
- Web Site

*NOTA BENE - While exercising and conducting wrestling training outdoors still and video images of class and individuals may be taken for utilization on the (but not limited to) the above referenced social media sites.

Please note

In signing this waiver / release of liability I acknowledge and represent that I am at least Eighteen years old, of sound mind and

- 1) Have Read This Agreement And Fully Understand And Acknowledge Its Terms
- 2) I understand in the signing of this waiver / release of liability that I have given up a substantial rights by signing it.
- 3) State that I have signed freely and not under duress or coercion and without any inducement or assurance of any nature and it is my intention that it should serve as a complete and unconditional release of any and all liability to the greatest extent allowed both by the State Laws Of California and Federal Law.

CHILD NAME -

PARENT(S) / GUARDIAN(S) NAMES (print)

PARENT ONE _____

PARENT TWO _____

PARENT(S)/GUARDIANS SIGNATURE(S)

PARENT ONE _____

PARENT TWO _____

EMAIL PARENT ONE

BEST CONTACT NUMBER(S) PARENT ONE

EMAIL PARENT TWO

BEST CONTACT NUMBER(S) PARENT TWO
