



## Valdez Wrestling Club, LLC Waiver and Release Form/ Refund Policy

*In consideration of being allowed to participate in any way in any activity presented and or occurring at Valdez Wrestling Club, LLC 3232 W. MacArthur Blvd., Santa Ana, CA 92704 this waiver must be signed.*

(please print)

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Shirt size: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Years Wrestling: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Waiver: I hereby agree to hold harmless Valdez Wrestling Club, LLC and their respective staff and/or their affiliates in the event of injury or Covid-19 illness at the present time and/or in the future as a result of participation in any and/or all of activities. I certify that my child and/or I is/are in good physical health and has/have had a physical examination in the past year. I understand I will not bring my child to classes if s/he is ill or presents with any symptoms of Covid-19. I understand that classes may be physically strenuous and my child and/or I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss, or death. I authorize and their respective staff and/or their affiliates to act on my behalf in the event of a medical emergency. Therefore, in case of injury or illness, necessary emergency treatment is authorized. I further agree to be held fully responsible for all medical cost incurred both now and in the future, as a result of any injuries sustained while participating at any and/or all of activities. I agree that either I, my heirs, assigns or legal representatives will not sue or make any other claims of any kind whatsoever against or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I further consent to my child and/or I being photographed and/or videotaped for promotional use.*

**All wrestlers are given a one-week trial period prior to signing up. After signing up there are no refunds.**

**Initial** \_\_\_\_\_

*I have read the above waiver and release and understand that I have signed it voluntarily.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

We accept Venmo @ValdezWrestling.

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

Office Use Only:  Team Snap  Gear Pack  USA/SCWAY Card One-week trial dates \_\_\_\_\_