

Lehigh Valley Athletic Club

*****JUNIOR MOUNTAIN HAWKS*****

Dates: Sept. 5, 12, 19, 26
Oct. 3, 10, 17, 24, 31
Nov. 7, 14, 21, 28

Time: 8:00 – 10:00am

Location: Lehigh Wrestling Room (5th floor of Taylor Gym)

Pre-Registration Only:

Practices will be limited to the first 50 pre paid 6th, 7th or 8th grade wrestlers
Make Check for \$250.00 to Lehigh Valley Athletic Club. A USA Wrestling card is required and the number should be on the registration form.
There will be no walk in's allowed.

Deadline for Applications is August 31st

For more information contact Lehigh University Asst. Wrestling Coach John Hughes @ jhughes@lehigh.edu or call 610-758-6912

Mail completed application & waiver with a check payable to:

Lehigh Valley Athletic Club
Co:John Hughes
641 Taylor St.
Bethlehem, PA 18015

-----PLEASE PRINT LEGIBLY

Name _____

Date of Birth _____

Address _____

Weight _____

E-mail _____

Cell Phone _____

Home Phone _____

2010 USA Wrestling Card # _____

Waiver and Release from Liability

1. I, _____ the undersigned, on behalf of myself, my heirs, and next of kin, personal representatives, agents, insurers, successors and assigns (all hereinafter "Releasers") hereby FOREVER RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE LEHIGH VALLEY ATHLETIC CLUB, its insurers, its affiliate clubs, administrators, agents, directors, officers, state organizations, members, committees, volunteers, all employees of USA Wrestling, and any and all participants, officials, referees, coaches, host clubs, sponsoring agencies, sponsors, advertisers, local organizing committees (and if applicable) owners, lessors, and operators of premises used to conduct any USA Wrestling sanctioned event, meet, practice or activity (all hereinafter "Releasees") from any and all liabilities, claims, demands, causes of action or losses of any kind or nature, past, present or future, direct or consequential that I may hereafter have for PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, arising out of my participation in, attendance at or traveling to and from any USAW wrestling sanctioned event or activity including, but not limited to, LOSSES CAUSED BY THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

2. Releaser understands and acknowledges that USA Wrestling sanctioned activities and the sport of wrestling in general have inherent dangers that no amount of care, caution, training, instruction, supervision, or expertise can eliminate. RELEASOR EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF PERSONAL INJURY, PERMANENT, TEMPORARY, TOTAL OR PARTIAL DISABILITY, DISFIGUREMENT, PARALYSIS AND ANY OTHER LOSSES OR DAMAGES TO PERSON OR PROPERTY OR DEATH, sustained while participating in, attending, preparing for or traveling to and from any USA Wrestling sanctioned event, meet, practice or activity, including the risk of PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES, or hidden, latent or obvious defects in the facilities or equipment used.

3. Releaser acknowledges and fully understands that each participant in any USA Wrestling sanctioned event, meet, practice or activity, including Releaser, will be engaging in activities that involve risk of serious injury, including permanent, temporary, total or partial disability, disfigurement, paralysis and other losses to person or property, including death, and that severe social and economic losses may also result not only from Releaser's own actions, inactions or negligence, but also from the actions, inactions or negligence of others notwithstanding the rules of play or the condition of the premises or of any equipment used. Furthermore Releaser acknowledges and fully understands that there may be other associated risks with such activities which are not known or not reasonably foreseeable at this time.

I ACKNOWLEDGE THAT I HAVE HAD SUFFICIENT OPPORTUNITY TO REVIEW THE PROVISIONS OF THIS DOCUMENT AND UNDERSTAND ITS PURPOSE, MEANING AND INTENT.

(Participant's Signature) (Printed Name) (Date)

The undersigned _____ does hereby represent that he/she is, in fact, the parent/guardian of _____ and acting in such capacity agrees to the terms and conditions of the above stated waiver and release.

(Signature of Parent/Legal Guardian) (Print Name) (Date) (Relationship to Minor)