

WRIGHTWAY
WRESTLING

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WAY
CONT
RACT**

WrightWay Wrestling

545 Christy Drive

Suite 2402

Greenwood, IN 46143

wright.way.wrestling@gmail.com

317.979.2684



Release of Liability

This agreement releases **Wright Way Wrestling (WWW) and D1 Training Finch Creek** at its physical location **16289 Boden Rd, Noblesville, IN 46060** from all liability relating to WWW, WWW coaches and D1 entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in the sport of wrestling. These include but are not limited to head, neck, shoulder, wrist, elbow, knee, back etc. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all rights to bringing a suit against Coach Brandon Wright and WWW for any reason. In return, I will receive the opportunity for full participation in activity. I will also make every effort to obey safety precautions as listed in writing and/or as explained to me verbally. I will ask for clarification when needed.

I, _____, (name of athlete) fully understand and agree to the above terms.

Please sign below if you agree to the terms.

(Parent/ Guardian if athlete is under 18 years old)

Date

III. Emergency Contact

NAME/RELATIONSHIP: _____

PHONE NUMBER: _____

ANY LIMITATIONS, ILLNESS, INJURIES ETC (EX: INHALERS, KNEE SURGERY, VISION ISSUES ETC): _____

