



**CAVEMAN WRESTLING and Cooper Speed Strength School, inc.
Waiver of claims, Release of Liability, Indemnification and Participation Agreement**

In consideration of being permitted to participate in any way, including travel to and from, in any Wrestling competition, practice, clinic, and related events and activities of the **Caveman Wrestling Club and Cooper Speed Strength School, Inc.**

NOTICE: By signing this document you may be waiving certain legal rights for you and a minor child, including the right to sue. If you are uncertain of your rights or obligations under this agreement, you may wish to consult an attorney.

Athlete Name: _____ Parent Name: _____

Email: _____ Phone: _____

In consideration of _____ (**insert camper/Participant's name**) being allowed to participate in COOPER Athletic other programs ("Programs") or being on the premises at Cooper Speed Strength school, or any other location under the control of Releasees (individually and collectively, the "Facility"), the below signed individual (the "Participant"), and the Participant's parent(s), or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

1) UNDERSTANDING OF RISK. I understand the hazards of the novel coronavirus COVID-19 (COVID- 19) and I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and I accept full responsibility for familiarizing myself with the most recent updates. I understand that by participating in the Programs and/or being on the premises of the Facility I may be exposed to and/or infected by COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of being exposed to or infected by COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof at the Facility may result from the actions, omissions, or negligence of myself or others, including the Releasees and other participants.

2) ACCEPTANCE OF RISK. Notwithstanding the risks associated with COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof, which I readily acknowledge, I hereby willingly choose to participate in the activities. I acknowledge and fully assume the risk of illness or death related to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof arising from my being at the Facility and participating in the Programs and hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children for whom I have the capacity to contract) Caveman wrestling Club and Cooper Speed-Strength school, Inc., and each of their employees, Contractors, coaches, agents, board members, insurers, attorneys and representatives (collectively, the "Releasees") from any liability including, but not limited to, personal injury, disability, and death, illness, damage, loss, claim, liability, or expense, of any kind (collectively, "Claims") related to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof which might occur as a result of my being at the Facility or participation in the Programs. I UNDERSTAND AND AGREE THAT THIS RELEASE INCLUDES ANY CLAIMS BASED ON THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE RELEASEES OR ANY OTHERS.

3) INDEMNIFICATION. I shall indemnify, defend, and hold harmless, the Releasees from and against any and all Claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorney's fees, costs and disbursements) arising out of, or relating to, directly or indirectly, the infection of COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY,

INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. (see next page)
YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASEES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Parent or legal guardians must also sign if the participant is UNDER 18

Participant Name:

Participant Signature:

Date:

Parent or legal Guardian:

Parent or legal Guardian Signature:

Date: