

Tri-State Training Center

# WAIVER FORM

I hereby voluntarily permit me or my child to participate in activities at TRI STATE TRAINING CENTER (TSTC).

I UNDERSTAND AND FULLY ACCEPT THERE ARE RISKS INVOLVED IN SPORTS AND PHYSICAL ACTIVITY AND GATHERING WITH OTHER PERSONS, AND THAT ACCIDENTS, ILLNESSES, AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES IN SPORTS AND PHYSICAL ACTIVITY. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH OR ILLNESS, AND VERIFY THIS STATEMENT BY SIGNING BELOW.

As consideration for being permitted by TSTC to participate in these activities, I hereby release and hold harmless the TSTC staff, volunteers and designated coaches from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury or illness to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to TSTC (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury, illness, and/or property damage that I or my child may cause or sustain while participating in this activity.

In the event of a medical emergency, I grant permission for TSTC volunteers to administer first aid or secure medical treatment for my athlete, provided they are unable to communicate with me, and according to their best judgment. I also hereby give permission to TOP staff and volunteers to disclose the information contained on this form to medical personnel. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. TSTC does not provide any medical or other insurance protection or benefits for those who participate in their programs.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND TRI STATE TRAINING CENTER FOR ALL ACTIVITIES OCCURRING AT TSTC , AND I SIGN BELOW ACCORDING TO MY OWN FREE WILL.

PARTICIPANT'S NAME (PRINTED) \_\_\_\_\_

PARENT'S NAME (PRINTED) \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# DAILY CERTIFICATION

Each participant must complete this section and submit during “check-in” at the facility. By signing, the participant/parent agrees with the statement.

1. I have experienced zero symptoms of illness for the past 72 hours.
2. To the best of my knowledge, I have not been in close contact with persons testing positive (or who are awaiting test results) for COVID-19 during the past 7-14 days in accordance with CDC guidelines.
3. I do not have medical conditions that classify me as “higher risk” or “vulnerable” per CDC and governmental guidelines.
4. I pledge to do my best to avoid close contact with persons identified as “higher risk” or “vulnerable” in the near future.
5. I agree to follow CDC guidelines when coughing or sneezing.
6. If I feel ill during this event, I will immediately notify a coach or supervising adult, terminate activities, and arrange to leave the premises as soon as feasible (as well as follow protocol for such situations).
7. If I become sick (or test positive for COVID) in the next several days, I will notify my coaches and ensure TSTC is made aware of the situation.
8. I understand items left in the facility after the event may be discarded (e.g., water bottles, headgear, clothing).
9. I pledge to wear a facial covering inside the building (except when wrestling) and maintain at least 6 feet distance from all persons except those from my household or approved wrestling partners.
10. I agree to pay close attention and follow all rules and policies communicated by our staff.

PARTICIPANT’S NAME (PRINTED) \_\_\_\_\_

PARENT’S NAME (PRINTED) \_\_\_\_\_

PARENT’S SIGNATURE \_\_\_\_\_