

**THE CAGE TRAINING CENTER LLC AND
THE CAGE YOUTH WRESTLING CLUB INC.
STRENGTH TRAINING AND WRESTLING RELEASE STATEMENT**

Athlete's Name _____ Parent Name _____

PART 1 Release to allow The Cage Training Center Staff to render First Aid and/or seek Emergency Services in the absence of parents or Guardians.

I fully understand that The Cage Training Center staff members are not physicians or medical practitioners of any kind. With the above in mind, I hereby release The Cage Training Center staff to render temporary first aid to my child or children in the event of any injury or illness, and if deemed necessary by The Cage Training Center staff to call a doctor or hospital To seek medical help. This includes transportation by ambulance if needed.

Parent(s)/Guardian(s) Signature _____ **Date** _____

Part 2 Agreement not to sue or cause litigation versus The Cage Training Center LLC and/or The Cage Youth Wrestling Club Inc., it's agents or employees.

I, _____, guardian of the above named participant(s), hereby consent To his/her participation in all programs, training, exercises, and activities provided by The Cage Training Center and The Cage Youth Wrestling Club. I recognize that there are risk and hazards associated with wrestling, working out, climbing ropes, flipping tires, using weights, pushing sleds, etc. I understand that as a result the participant may suffer injuries, possibly minor, serious or catastrophic in nature. I understand the need to make my child/children aware Of the possibilities of injury and encourage them to follow all the safety rules and the coaches/staff instructions. I, on behalf of the participant and myself agree to indemnify and hold harmless The Cage Training Center and The Cage Youth Wrestling Club, its coaches, training staff, instructors, directors and all other staff members against any liability resulting from any injury that may occur to the participant while participating in wrestling or any type of strength Training or conditioning.

With the above in mind and being fully aware of the risk and possiblity of injury, I consent to have my child or children participate in the programs offered by The Cage Training Center or its representatives, whether paid or volunteer, and freely and voluntarily assume all of the aforesaid risks and hazards.

I HAVE CAREFULLY READ THE LIABILITY WAIVER/RELEASE AND SIGN IT WITH THE FULL KNOWLEDGE OR IT'S CONTENT AND SIGNIFICANCE. ADDITIONALLY I AGREE TO ABIDE BY ALL POLICIES AND PROCEDURES OF THE CAGE TRAINING CENTER..

Parent(s)/Guardian(s) Signature _____ **Date** _____

COVID-19 ACKNOWLEDGMENT, INDEMNITY AND WAIVER AGREEMENT

In consideration of being allowed to participate in any training, events and activities (“Activities”) associated with The Cage Training Center (“The Center”) and Renegade Force Wrestling Club (“The Club”) I, _____, (“Participant”), acknowledge this **COVID-19 ACKNOWLEDGEMENT, INDEMNITY AND WAIVER AGREEMENT** (“Agreement”) and agree to be bound by the following:

The Participant acknowledges the serious health risks associated with COVID-19 as outlined by the Centers for Disease Control and Prevention (“CDC”), which have resulted in numerous government related mandates, public and private shutdowns, and/or restrictions as a result of those health concerns. Notwithstanding the foregoing, the Participant desires to engage in Activities associated with The Center and The Club.

The Participant acknowledges and has been advised that of:

- The recommendations of the CDC and the Commonwealth’s guidance which, from time to time, may require the Activities to be limited or completely halted;
- The potential risks associated with the Activities and participating in the Activities, as such risks relate to COVID-19; and
- There have been no representations or guarantees that The Center and/or The Club will be free from COVID-19.

The Participant represents and warrants to The Center and The Club that prior to and through the date of this Agreement:

- They have not been diagnosed with COVID-19;
- They have not experienced any symptoms signs of COVID-19;
- They have not been in contact with any individual that has been diagnosed with COVID-19; and
- They have not been in contact with any person experiencing any symptoms signs of COVID-19.

The Participant acknowledges that any and all claims raised by any third party (“Other Parties”) relating to the risk of or illness from exposure to COVID-19 as a result of the Activities or entry to The Center and The Club shall in no event be attributed to The Center or The Club.

In consideration for The Center and The Club continuing to permit the Participant to engage in Activities and entet the The Center and The Club, the Participant agrees:

Participant agrees to release, protect, defend, indemnify, save and hold The Center and The Club and its agents (collectively, the “Center Parties”), harmless from and against any and all expenses, damages, claims, suits, actions, judgments, losses, costs and expenses whatsoever (including reasonable attorney’s fees, both those incurred in connection with any claim relating to, resulting from or arising out of: (A) an occurrence of COVID-19 by: (i) Participant and/or (ii) any Other Party, claimed to be in connection with and/or as a result of the Participant’s involvement in Activities or entry to The Club and/or The Center; or (B) any claim of exposure to COVID-19 and/or (ii) any Other Party, claimed to be in connection with and/or as a result of the Participant’s involvement in Activities or entry to The Club and/or The Center.

Participant certifies that they are authorized to enter into this Agreement and acknowledges that it shall be binding upon the Participant and each of their heirs and assigns.

PARTICIPANT’S NAME

SIGNATURE

AGE

DATE

PARENT/GUARDIAN’S NAME

SIGNATURE

DATE