



**Goldman's Wrestling Academy of the Rockies LLC**  
**2025 Individual Participant & Competitor Registration/Waiver Form**  
**This is a Legal Document. You Must Read and Understand It Before Signing**

The undersigned wrestler and parent or legal/guardian of the wrestler hereby acknowledge that there are certain risks, hazards and dangers, including risk of physical injury, disability, or death and risk of loss of use or damage to personal property, as a result of allowing the wrestler to participate at Goldman's Wrestling Academy of the Rockies LLC, herein referred to, in this document, as W.A.R. Risks include, but are not limited to infectious diseases, the possibility of slips and falls, pinches, scrapes, twists, and jots that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even severely debilitating or life-threatening hazards.

The undersigned understands that injury or loss may result from unknown or unexpected risks from the use of equipment, materials or facilities utilized at W.A.R.; environmental conditions; from the acts or omissions of others; or from the unavailability of immediate and/or adequate emergency medical care.

The undersigned understands that W.A.R. does not guarantee the personal health or safety of the participants or spectators, nor does it protect against risk or loss of personal property. The undersigned verifies that they have knowingly disclosed all pertinent medical and health information about the wrestler to W.A.R. and that the health of the wrestler is sufficient to allow the wrestler to participate at W.A.R. The undersigned understands and accepts that no health examination will be conducted by W.A.R. to determine the wrestler's fitness to participate at W.A.R. and that the health and accident insurance coverage of the wrestler, if any, is the sole responsibility of the undersigned. The undersigned understands that and accepts that the wrestler participates at W.A.R. at the wrestler's own risk.

If the wrestler is injured or becomes ill while participating at W.A.R., the undersigned accepts full responsibility for any and all medical bills, including, but not limited to, co-payments, and deductibles, emergency services and transportation, and agrees not to seek reimbursement from W.A.R. If any wrestler causes harm to another person or another person's property while participating at W.A.R., the undersigned accepts sole responsibility for all losses and claims.

The undersigned understands that W.A.R. does not accept responsibility for events that are not part of its program or that are beyond the control of W.A.R., its members, its agents or its volunteers, or for situations that may arise due to the failure of the undersigned to disclose pertinent information. The undersigned hereby grants permission for W.A.R. to use the participant's name, image, and likeness for the purposes of advertisement and promotion of W.A.R.

In consideration for allowing the wrestler to participate in W.A.R., the undersigned releases W.A.R., its agents, volunteers, and property owner from any claims for personal injury, death, property damage or loss which occurs out of the wrestler's participation at W.A.R., or during transportation by any of its coaches, owners, agents, or volunteers. The term W.A.R. includes the governing board of these entities and their officers, owners, employees, agents, and volunteers.

Wrestling Participant's Name (Please Print) \_\_\_\_\_  
Home Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
USA Wrestling Card Number \_\_\_\_\_  
Emergency Contact Name/Phone Number \_\_\_\_\_  
Wrestling Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**This Registration/Waiver Form is effective for all WAR Sessions and Camps through December 31, 2025**