



# TEAM NAZAR TRAINING CENTER LLC

## Enrollment Form

Athlete(s) First & Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

USA Wrestling ID#: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Weight: \_\_\_\_\_

Medical Conditions/Special Instructions: \_\_\_\_\_

Parent/Guardian's First & Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: (Circle) Phone Text Email

Emergency Contact First & Last Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Relationship to Wrestler: \_\_\_\_\_

Team Nazar Training Center LLC Staff will call emergency contact when parent/guardian is unavailable.

Authorized check in/out personnel must be 18+ years of age.

**\*Authorized check in/out individuals:** \_\_\_\_\_

### By Initialing & Dating you accept the agreement below:

\_\_\_\_\_ By initialing here, you are indicating your acceptance of this agreement and waiver, you are affirming that you have read and understand this waiver, and fully understand its terms. You understand that you are giving up substantial rights, including the right to sue. You acknowledge that you are signing the agreement and waiver freely and voluntarily and intend by your acceptance to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Gardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Full Name: \_\_\_\_\_





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### **WAIVER, CONSENT, RELEASE OF LIABILITY, AND CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:**

1. By accepting this agreement and participating in Team Nazar Training Center LLC training, you agree that you understand that there is a risk of injury in participating in any sport, including wrestling. This risk of injury includes but is not limited to a risk of serious permanent injury, paralysis, and death.

Your agreement indicates that you understand that your child should not participate in the Team Nazar Training Center LLC training if: he or she is currently under the care of a physician for and injury or illness that would prevent his/her safe participation in Wrestling events; he or she is currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in Wrestling events; your child has a history of fainting or other problems related to strenuous exercise; or your child is not in good health or has some other reason he or she should not participate in strenuous physical exercise.

To minimize the risk of injury, you agree to tell your child to obey all safety rules and to report fully any problems related to his/her physical condition to the Team Nazar Training Center LLC coaches as soon as the problem begins.

2. By accepting this agreement, you certify the following:

- That you are the parent or legal guardian of the child (athlete) named below.
- That your child is not currently under the care of a physician for and injury or illness that would prevent his/her safe participation in the Team Nazar Training Center LLC training.
- That your child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in the Team Nazar Training Center LLC training.
- That you acknowledge Team Nazar Training Center LLC is a privately-owned company
- That your child has no history of fainting or other problems related to strenuous exercise.
- That your child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.
- That your child has a valid USA/WI Wrestling Membership, current for the 2020-2021 year.
- That you have health insurance which provides adequate coverage for injuries or illness your child may sustain while participating in the Team Nazar Training Center LLC training.





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### WAIVER, CONSENT, RELEASE OF LIABILITY, AND CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

#### 3. CONSENTS:

1. By indicating your acceptance of this agreement, you hereby give permission for Team Nazar Training Center LLC and Team Nazar Training Center LLC training employees and associates to obtain medical treatment for your child in the event of accident or illness during his/her time at Team Nazar Training Center LLC training.
2. By indicating your acceptance of this agreement, you hereby give consent to have your child be photographed or videoed during training activities, and you agree that the images obtained may be used for educational and public relations purposes by Team Nazar Training Center LLC.

#### RELEASE:

1. By indicating your acceptance to this agreement, you do hereby agree that you are and shall be responsible for all costs associated with any injury, illness, damage, expense, claim, or loss that may be sustained by your child as a result of his or her participation in Team Nazar Training Center LLC training. You also certify that you have health insurance and a valid USA/WI Wrestling Membership current for the 2020-2021 year which provides adequate coverage for injuries or illness your child may sustain while participating in Team Nazar Training Center LLC training.
2. By indicating your acceptance of this agreement, you also agree to release and state not to sue Team Nazar Training Center LLC and/Mr. Nazar Kulchytskyy, or the officers, employees, or agents, for any injury, illness, damage, expense, claim, loss, injury, or death arising from, resulting from, or in any way caused by your child's participation at Team Nazar Training Center LLC training.

BY SIGNING YOU ARE INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER, AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent/Gardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

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### Team Nazar Training Center LLC

Mobile: (920) 573-4809

Address: 2685 N Park Lane #170, Fitchburg, WI 53711

Email: teamnazartraining@gmail.com

Website: www.teamnazar.com





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### **Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19:**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Team Nazar Training Center LLC has put in place preventative measures to reduce the spread of COVID-19; however, Team Nazar Training Center LLC cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Team Nazar Training Center LLC training could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Team Nazar Training Center LLC training and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Team Nazar Training Center LLC may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Team Nazar Training Center LLC employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Team Nazar Training Center LLC or participation in Team Nazar Training Center LLC training ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Team Nazar Training Center LLC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Team Nazar Training Center LLC, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Team Nazar Training Center LLC training.

Parent/Gardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

