PARTICIPATION AGGREEMENT/RELEASE
AND HOLD HARMLESS AGREEMENT

SPONSOR: St. Johns Youth Athletic Association

YOUTH WRESTLING PROGRAM

Participant:_____(print name)
First middle initial last

I recognize that my child's participation in sporting activities and athletic competition subjects him/her to certain risks of physical injury. I hereby assume this risk as my own and all responsibility for any injuries as they relate to said participation in sports/athletic activities and/or conditioning sessions on certain property (rental space at Southpoint Mall, St. Johns, MI) used for said above described activities. By signing this document I agree to waive any rights or claims I may have for damages arising from injuries my child may receive while participating in the wrestling program mentioned above. I hold harmless the St. Johns Youth Athletic Association and any of the coaches, supervisors, agent and/or assistants from all such claims, lawsuits, actions and/or damages arising from participation in this wrestling program.

I certify that my child is in good physical condition and has been medically evaluated for participation in strenuous physical activity.

Signature of Parent or Legal Guardian:_____

Print name of Parent or Legal Guardian:_____

Date:_____

In the event of an emergency please contact:

1._____ at this phone number_____
_____

2._____at this phone number _____
_____

Family Physician:_____ phone#_____

JMD 2009