

2017 Release & Consent Agreement

Cavalier Wrestling Camps, LLC, is sponsored and run by Steve Garland, and it may be held at the University of Virginia and use some of the University's facilities. However, Cavalier Wrestling Camps, LLC, and its staff are not sponsored or run by the University, and all camp employees are not employees or agents of the University in their operating of the camp.

Please read the following agreement carefully before signing. Each participant's health and safety should be carefully considered by the participant and/or such participant's legal guardian given the risks involved with physical fitness and in light of the various releases made herein.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including Cavalier Wrestling Camps, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and any other rules, regulations or restrictions set forth by any of the individuals associated with the camp. I further agree to instruct my child to fully report and/or disclose any problems related to his/her physical condition to the summer camp coaches or assistants as soon as the problem arises or becomes noticeable.
2. By signing below, I certify the following:
 - I am authorized to execute this document and make decisions on behalf of my child as his/her parent or legal guardian.
 - That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the summer camp;
 - Is free of communicable disease of any kind;
 - That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his or her safe participation in the summer camp;
 - That my child does not have a contagious condition that could be spread to other campers or staff;
 - That my child has no history of fainting or other problems related to strenuous exercise; and
 - That my child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature_____

Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for Cavalier Wrestling Camps, LLC, and its employees, staff, or agents to obtain medical treatment for my child, _____, in the event any accident, illness, injury or other medical conditions arise during his/her presence at the camp.

2. By my signature below, I hereby give consent to have my child be photographed or video or audio-taped during camp activities, and I agree that the images so obtained may be used for educational and public relations purposes by Cavalier Wrestling Camps, LLC.

Parent/Guardian Signature_____

Date: _____

RELEASE:

For good and valuable consideration, including my child's participating in the Cavalier Wrestling Camps, the receipt and sufficiency of which are hereby acknowledged, and as evidenced by my signature below, I hereby, on behalf of myself, my child, and any of our heirs, successors, executors, administrators, assigns, or survivors:

1. Agree that I am and shall be responsible for any and all costs associated with any injury or loss (including all actual costs and expenses associated with accompanying medical attention) that may be sustained by my child as a result of his/her participation in the camp, whether such injury is the direct or indirect result of such participation. I further certify that I have or a member of my family has, health insurance, which provides adequate coverage for any injuries, illnesses or other medical conditions my child may sustain in connection with participating in camp. Further, I acknowledge that I am providing various equipment for my child to use in connection with his/her camp participation, and that I am solely responsible for the effectiveness, upkeep, maintenance, and safety of any such equipment.
2. Forever release, indemnify and hold harmless the Commonwealth of Virginia, the University of Virginia, or their employees or agents, the Cavalier Wrestling Camps, and any and all of their employees, agents, independent contractors, and other affiliates, including Steve Garland, personally, from and against any and all claims for any damages, loss, injury, disability, or death arising from or in any way in connection with my child's participation in Cavalier Wrestling Camps, unless any such claim is the direct result of the gross negligence or willful misconduct of any such parties.
3. Certify that I have read all of the terms and provisions of this agreement, and that I understand the various obligations I am assuming and rights I am waiving. This waiver is intended to be as broad and inclusive as permitted by law. It shall be governed by the laws of the Commonwealth of Virginia. To the extent that any part of this waiver or agreements is deemed unenforceable for any such reason, the rest of the terms and provisions hereof are intended to remain in full force and effect.

Parent/Guardian Signature_____

Date: _____