



PARTICIPATION WAIVER

MXWL DIVISION

- BRONZE DIVISION (K-6th)
- SILVER DIVISION (6th-8th)
- GOLD DIVISION (9th-12th)

TEAM LEAGUE FEE

\$250 (Paid by team/club)

TEAM NAME: _____ CELL PHONE: _____

TEAM LEADER'S NAME: _____ EMAIL: _____

WEB SITE: www.michiganxtreme.com

EMAIL: michiganxtreme@gmail.com

PHONE: (616) 635-7559

TEAM LEADER'S SEND SIGNED WAIVER TO: Michigan Xtreme, LLC - 5355 Northland Drive, NE, Suite C, #134 Grand Rapids, MI 49525.

LOCATION: 3494 Plainfield Avenue NE, Grand Rapids, MI 49525 (directly behind the Big Lots store).

WRESTLER'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PARENT(S) NAME: _____

PRIMARY PHONE #: _____ ALT PHONE #: _____

GRADE: _____ AGE (as of Feb. 28, 2010): _____ CURRENT WEIGHT: _____

EMAIL ADDRESS: _____

Michigan Xtreme, LLC, its owner, staff, guests, agents and its landlords do not assume liability for any injuries incurred while at or on the way to and from Michigan Xtreme, LLC. The students, in attending Michigan Xtreme, LLC and in using the Michigan Xtreme, LLC facility does so at his or her own risk. Michigan Xtreme, LLC, staff and its landlords shall not be liable for damages arising from personal injury sustained by the student during the classes or at the facilities. The student and/or parents assume full responsibility for any damages or injuries which may occur to the student during the classes and so hereby fully and forever exonerate and discharge Michigan Xtreme, LLC, its staff, its owners, guests, agents and landlords from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the student's participation in the class session and in the use of the facilities. As a parent or legal guardian of the participant named above, I do hereby authorize Michigan Xtreme, LLC, its staff, its owners, guests, agents and landlords, to seek any medical and/or surgical treatment which is reasonably thought to be necessary for the care of my child. I shall be fully responsible for honoring all costs necessary to provide medical treatment for my child. The undersigned hereby certifies that their child is physically able to participate at the camp or practice and that there are no impairments that would limit the participation in the programs. The undersigned hereby understands that wrestling is a sport, which involves intense physical contact between two individuals. The student will be involved in some intense training and competition including competitive wrestling. Injuries can and do occur during wrestling. The undersigned hereby grants permission for doctors and their designees to administer appropriate medical care, antigens, or injections, and to perform emergency procedures as necessary.

Parent or Legal Guardian's Printed Name

Parent or Legal Guardian's Signature

Date

TEAM LEADER APPROVAL:

Team Leader's Printed Name

Team Leader's Signature

Date

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