



Practice Location:  
River City High School  
1 Raider Lane  
West Sacramento, CA 95691

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## WEST SACRAMENTO WRESTLING ASSOCIATION (WSWA) Release of Liability and Assumption of Risk

### PARTICIPANTS OVER 18

I do hereby acknowledge I will be training with West Sacramento Wrestling Association at River City High School, 1 Raider Lane, West Sacramento, CA 95691.

\_\_\_\_\_ I acknowledge, understand and agree that I am assuming risk of such injury, illness, disability or death by my participation in wrestling training and fitness activities. I assume full responsibility for my participation.

\_\_\_\_\_ I hereby authorize the West Sacramento Wrestling Association staff, coaches, clinicians or team parent to facilitate medical treatment for such illness or injury sustained during time in the training rooms, gym, or competition venue. Furthermore, West Sacramento Wrestling Association founders, principals, board members, owners and coaches, facility owners and Washington Unified School District staff will not be held responsible for any injury or illness incurred while I am training at any of our above listed facilities, gyms or traveling to or from an event.

\_\_\_\_\_ I verify that I have primary medical insurance coverage.

\_\_\_\_\_ I acknowledge that I am over 18 years old, have read this agreement and fully understand the terms.

Print Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARTICIPANTS UNDER 18

I, the parent or guardian, do hereby grant \_\_\_\_\_ permission to train with West Sacramento Wrestling Association at River City High School, 1 Raider Lane, West Sacramento, CA 95691.

\_\_\_\_\_ I acknowledge, understand and agree that we are assuming risk of such injury, illness, disability or death by his or her participation in wrestling training and fitness activities. I assume full responsibility for his or her participation and give my permission to participate.

\_\_\_\_\_ In order that \_\_\_\_\_ may receive necessary medical treatment in the event of injury or illness, and a parent or guardian cannot be reached, I hereby authorize the West Sacramento Wrestling Association staff, coaches, clinicians or team parent to facilitate medical treatment for such illness or injury sustained during time in the training rooms, gym, or competition venue. Furthermore, West Sacramento Wrestling Association founders, principals, board members, owners and coaches, facility owners and Washington Unified School District staff will not be held responsible for any injury or illness incurred while the minor is training at any of our above listed facilities, gyms or traveling to or from an event.

\_\_\_\_\_ I verify that the minor does have primary medical insurance coverage.

Print Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_