



CHAMPION'S WRESTLING SCHOOL

2100 NW 100TH ST. CLIVE, IA 50325 • PHONE: 515-278-8888 • FAX: 515-278-8097

"LEARNING FOR LIFE"

APPLICATION

Athlete's Name: _____ Email: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Age: ____ Grade ____ Years wrestling: ____ Weight ____ School _____

Fathers Name: _____ Mothers Name: _____

Fathers Occupation: _____ Mothers Occupation: _____

Work/Cell Phone#: (____) _____ Work/Cell Phone#: (____) _____

Coach's Name: _____ Coach's Number: (____) _____

Please print email clearly again: _____ T-Shirt Size: _____

HOLD HARMLESS

I/we, as a wrestling participant and parent or guardian of a wrestling participant, understand with physical activity that injury can and will happen. I am aware that participation in a sport or physical exercise program may result in accident or injury, and I am in good health and suffer from no physical impairment which would limit my involvement with the wrestling program. I, as a wrestling participant, acknowledge that wrestling staff are not medical experts and will help in the event of an injury. I, as a wrestling participant, specifically agree that the facility, employees, officers, wrestling staff shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to wrestling participant's use of the facility or participation of the wrestling program. Lessee shall indemnify, protect, and hold harmless Landlord, Champion's Wrestling School, Inc., FTS Enterprises, LLC, and Cabezon, Inc. DBA 7 Flags, and as applicable, each of their officers, directors, employees, agents, attorneys, successors, and assigns (collectively the "Indemnified Parties") from and against any and all claims, liabilities, penalties, damages, judgments, forfeitures, losses or expenses (including attorney's fees) incurred by and of the Indemnified Parties because of the death of or the injury to any person or the damage to an property whatsoever arising directly or indirectly from the acts or omissions of the Lessee or Lessee's agents, guests, employees or contractors or arising out of Lessee's lease or use of the 7 Flags Event Center.

Champion's Wrestling School Participant Signature

Date

Parent or Guardian's Signature

Date

Please make checks payable to: 7 Flags. You can also do a debit or credit card over the phone and fax or mail in the application.